

Agency 60

Kansas State Board of Nursing

Articles

- 60-1. APPROVAL OF SCHOOLS OF NURSING.
- 60-2. REQUIREMENTS FOR APPROVED NURSING PROGRAMS.
- 60-3. REQUIREMENTS FOR LICENSURE AND STANDARDS OF PRACTICE.
- 60-4. FEES.
- 60-5. APPROVAL OF EDUCATIONAL PROGRAMS FOR MENTAL HEALTH TECHNICIANS.
- 60-6. REQUIREMENTS FOR APPROVED PROGRAMS FOR MENTAL HEALTH TECHNICIANS.
- 60-7. REQUIREMENTS FOR LICENSURE AND STANDARDS OF PRACTICE.
- 60-8. FEES.
- 60-9. CONTINUING EDUCATION FOR NURSES.
- 60-10. *ADVANCED REGISTERED NURSE PRACTITIONERS. (Not in active use)*
- 60-11. ADVANCED REGISTERED NURSE PRACTITIONERS.
- 60-12. CONTINUING EDUCATION FOR MENTAL HEALTH TECHNICIANS.
- 60-13. FEES; REGISTERED NURSE ANESTHETIST.
- 60-14. RESERVED.
- 60-15. PERFORMANCE OF SELECTED NURSING PROCEDURES IN SCHOOL SETTINGS.
- 60-16. INTRAVENOUS FLUID THERAPY FOR LICENSED PRACTICAL NURSE.
- 60-17. ADVANCED NURSING EDUCATION PROGRAM.

Article 1.—APPROVAL OF SCHOOLS OF NURSING

60-1-101. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended, E-74-29, July 1, 1974; amended May 1, 1975; revoked Sept. 27, 1993.)

60-1-102. Approval procedure. (a) An institution contemplating the establishment of a school of nursing shall:

- (1) notify the board and supply such information as the board may require;
- (2) submit the name and qualifications of the nurse administrator to the board for approval;
- (3) employ a qualified nurse administrator;
- (4) employ a second faculty member;
- (5) have financial resources for faculty, other necessary personnel, equipment, supplies, counseling and other services;
- (6) have adequate clinical and educational facilities;
- (7) have courses required for general education available;
- (8) submit an application with detailed pro-

posed three year budget, curriculum plan, list of prospective faculty, organizational chart, organizing curricular framework, program objectives/outcomes, student and faculty policies, program evaluation plan, contractual agreements for clinical facilities at least six months before enrollment of students; and

(9) be approved before the admission of students. (Authorized by and implementing K.S.A. 1991 Supp. 65-1119; effective Jan. 1, 1966; amended Jan. 1, 1973; amended, E-74-29, July 1, 1974; modified, L. 1975, ch. 302, § 1, May 1, 1975; amended April 26, 1993.)

60-1-103. Discontinuing a school of nursing. Each school terminating its program shall submit for approval to the board the school's plan for its currently enrolled students and the school's plan for disposition of records. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective Jan. 1, 1966; amended, E-74-29, July 1, 1974; amended May 1, 1975; amended April 26, 1993; amended Nov. 7, 2008.)

60-1-104. Definitions. (a) "Affiliating

agency” means an agency that cooperates with the nursing education program to provide facilities and clinical resources for selected student experiences.

(b) “Approval” means the status granted to a program that provides evidence of both of the following:

(1) The program is operating on a sound educational basis that is consistent with the board’s educational requirements as set forth in the nurse practice act.

(2) The program has no deficiencies.

(c) “Articulation” means the process by which a registered professional nurse, licensed practical nurse, or mental health technician who is enrolled in a nursing education program is given credit for previous nursing or mental health technology education.

(d) “Capstone course” means an experiential nursing course for students to demonstrate integration of knowledge and professional nursing supervised by a preceptor during the final semester of the professional nursing program.

(e) “Clinical learning” means an active process in which the student participates in nursing activities while being guided by a member of the faculty.

(f) “Clinical observational experience” means the process in which the student views health care interventions but does not participate in the interventions. Affiliating agency personnel are responsible for patient care. However, a student may use any of the five senses while with the patient for the sole purpose of observing while the agency professional who has assessed and provided care to the patient supports the student. The instructor shall not be required to be present, but the students shall be included in the faculty-student ratio.

(g) “Conditional approval” means the limited-time status that the board imposes on a program if the board finds evidence that an approved nursing education program has failed to comply with educational requirements as set forth in the nurse practice act. When placed on conditional approval status, the program may be directed by the board to cease admissions.

(h) “Community-based health care” means health care provided outside of hospitals and long-term care facilities, including public health departments, ambulatory health clinics, prenatal and well-baby clinics, hospice agencies, doctors’ offices, industrial settings, homeless shelters, nurs-

ing centers, home health agencies, and patients’ homes.

(i) “Contractual agreement between a nursing education program and an affiliating agency” means a written contract or letter signed by the legal representatives for the nursing education program and the affiliating agency.

(j) “Converted nursing education program” means an already existing approved program that offers a terminal credential different from the credential originally offered or a nursing education program that is offered by a parent institution different from the institution originally approved.

(k) “Criteria for unscheduled survey visit” means those program characteristics indicating that the program is not meeting board standards.

(l) “Distance learning” means the acquisition of knowledge and skills through information and instruction encompassing a variety of technologies.

(m) “Faculty degree plan” means the plan for a course of study leading to a degree appropriate for a teaching position.

(n) “Faculty hire exception” means that a program is allowed by the board to hire, on a limited-time basis and in accordance with K.A.R. 60-2-103(c)(2), an instructor who does not meet the faculty qualifications if no qualified individuals are available.

(o) “Generic student” means one who enters at the beginning of the nursing education program and plans to complete the entire curriculum.

(p) “Initial approval” means the approval period from the first admission of nursing students to the program through the first full implementation of the curriculum and graduation.

(q) “Loss of approval” means the status that results when the board withdraws its approval of a program.

(r) “National nursing accreditation agency” means either the national league for nursing accrediting commission or the commission on collegiate nursing education.

(s) “Practical nursing education program” means a course of study in a technical school or college leading to a certificate and preparing an individual for licensure as a practical nurse.

(t) “Preceptor” means a registered professional nurse who is not employed by the nursing education program but who provides clinical supervision for nursing students in nursing courses taken during the nursing education program. Nothing in this definition shall be construed to prohibit any contracted affiliating agency’s regis-

tered professional nurses from assisting with clinical activities selected by the nursing education program faculty. The program faculty shall not be required to be in the affiliating agency's facilities but shall be immediately available by telephone.

(u) "Professional nursing education program" means a course of study preparing an individual for licensure as a registered professional nurse. This term shall include baccalaureate degree programs and associate degree programs.

(1) A "baccalaureate degree program" shall be conducted in a four-year college or university and shall lead to a baccalaureate degree with a major in nursing.

(2) An "associate degree program" shall be conducted in a college or university and shall lead to an associate of arts, science, or applied science degree with a major in nursing.

(v) "Refresher course" means an educational program for nurses whose licenses are inactive or have lapsed for more than five years.

(w) "Review course" means an education offering used to prepare students for the licensing examination.

(x) "Satellite program" means an existing, approved nursing education program that agrees to provide the resources that are lacking at a location geographically separate from the parent program. The students may spend a portion or all of their time at the satellite location. The curricula in all locations shall be the same, and the credential shall be given by the parent institution.

(y) A "school of nursing" means a nursing education program. This term may include any of the following:

- (1) A college;
- (2) a school;
- (3) a division;
- (4) a department;
- (5) an academic unit; or
- (6) a program.

(z) "Transfer student" means one who is permitted to apply nursing courses completed at another institution to a nursing education program of study.

(aa) "Work-study" means a cooperative education course in which the student earns academic credit through on-the-job practical work experience. Work-study shall not replace the required nursing education program courses. (Authorized by and implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008.)

Article 2.—REQUIREMENTS FOR APPROVED NURSING PROGRAMS

60-2-101. Requirements for initial approval. (a) Administration and organization.

(1) The nursing education program or the institution of which it is a part shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide for the financial support of the nursing education program.

(2) Authority and responsibility for administering the nursing education program shall be vested in the nurse administrator of the nursing education program.

(3) The program shall be accredited, be part of an institution that is accredited, or be in the process of being accredited by an agency that is approved by the United States department of education.

(b) Application. Each new or converted nursing education program shall submit an initial application 60 days before a scheduled board meeting. The application shall include the following:

(1) The course of study and credential to be conferred;

(2) the rationale for the establishment of the program;

(3) the potential effect on other nursing programs in the area;

(4) the name and title of the administrator of the nursing education program;

(5) the name of the controlling body;

(6) the name and title of the administrator of the controlling body;

(7) all sources of financial support;

(8) a proposed curriculum with the total number of hours of both theoretical and clinical instruction;

(9) the number, qualifications, and assignments of faculty members;

(10) a proposed date of initial admission of students to the program;

(11) the number of admissions each year and the number of students per admission;

(12) the admission requirements;

(13) a description of clinical facilities;

(14) copies of the current school bulletin or catalog;

(15) the name of each hospital and affiliating agency providing facilities for clinical experience. Each such hospital and affiliating agency shall be

licensed or approved by the appropriate entity or entities; and

(16) signed contracts or letters from clinical facilities stating that they will provide clinical experiences for the program's students.

(c) Surveys. Each nursing education program shall be surveyed for initial approval by the board. An on-site visit shall be conducted by the board to validate information submitted in the program's initial application before granting initial approval.

(1) During an initial survey, the nurse administrator of the program shall make available the following:

(A) Administrators, prospective faculty and students, clinical facility representatives, and support services personnel to discuss the nursing education program;

(B) minutes of faculty meetings;

(C) faculty and student handbooks;

(D) policies and procedures;

(E) curriculum materials;

(F) a copy of the nursing education program's budget; and

(G) affiliating agency contractual agreements.

(2) The nurse administrator of the nursing education program or designated personnel shall take the survey team to inspect the nursing educational facilities, including satellite program facilities and library facilities.

(3) Upon completion of the survey, the nurse administrator shall be asked to correct any inaccurate statements contained in the survey report, limiting comments to errors, unclear statements, and omissions.

(d) Approval. Each nursing education program seeking approval shall perform the following:

(1) Submit a progress report that includes the following:

(A) Updated information in all areas identified in the initial application;

(B) the current number of admissions and enrollments;

(C) the current number of qualified faculty; and

(D) detailed course syllabi; and

(2) have a site visit conducted by the board's survey team after the first graduation.

(e) Denial of approval. If a nursing education program fails to meet the requirements of the board within a designated period of time, the program shall be notified by the board's designee of the board's intent to deny approval. This notification shall be made pursuant to K.S.A. 77-512, and amendments thereto, of the Kansas admin-

istrative procedures act and shall inform the program of its right to a hearing pursuant to the act. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective Jan. 1, 1966; amended Jan. 1, 1968; amended Jan. 1, 1972; amended Jan. 1, 1973; amended, E-74-29, July 1, 1974; modified L. 1975, Ch. 302, Sec. 2; modified, L. 1975, Ch. 396, Sec. 1, May 1, 1975; amended May 1, 1987; amended April 4, 1997; amended June 14, 2002; amended Jan. 24, 2003; amended Nov. 7, 2008.)

60-2-102. Reapproval requirements. (a)

Based on the annual report, each nursing education program shall be reviewed for approval annually by the board and pay an annual fee to the board.

(b) Each resurvey of a nursing education program shall be valid for not more than 10 years. If the program is accredited by a national nursing accreditation agency, the resurvey visit may be made in coordination with a national nursing accreditation agency visit. Each program without national nursing accreditation shall be resurveyed every five years.

(c) A resurvey or unannounced site visit may be conducted at any time other than a scheduled survey visit if the board determines that there is consistent evidence reflecting deficiencies in meeting the requirements or the board is determining whether or not deficiencies have been corrected by a program on conditional approval status.

(d) The deficiencies sufficient to warrant action by the board shall include the deficiencies specified in subsections (e) through (h). Failure to correct any deficiency within the prescribed period may result in the board's placement of the program on conditional approval or may result in loss of approval.

(e)(1) If the first-time candidates in a nursing education program have an annual pass rate on the licensure examination of less than 75 percent for two consecutive years, the program shall receive a written notice of concern from the board.

(2) The nursing education program shall have three months after the date of the written notice of concern to submit a written report analyzing all aspects of the education program, identifying areas contributing to the pass rate and the program's plan of action to improve the pass rate. The program shall have one year after the date of the written notice to demonstrate evidence of implementing strategies to correct deficiencies to bring

the pass rate up to at least the 75 percent criterion.

(3) If the nursing education program has an annual pass rate of less than 75 percent for three consecutive years, the program may receive a site visit for evaluation and recommendation. The nurse administrator of the program shall appear before the board and present an analysis of the measures taken and an analysis of the reasons for the program's pass rate below 75 percent.

(f) A program that is accredited by a national nursing accrediting agency and is subsequently placed on warning or whose accreditation by the national nursing accreditation agency is withdrawn shall be scheduled immediately for a survey visit.

(g) Failure to meet education statutes and regulations shall result in action by the board.

(h) Each complaint involving educational statutes and regulations reported to board members or staff shall initiate an investigation by the board and may require a survey visit, depending on the seriousness and number of complaints.

(i) The nurse administrator of the nursing education program shall make the following information available during each site visit:

(1) Data about the program, including the following:

(A) The number of students;
(B) the legal body responsible for policy and support of program;

(C) the organizational chart;

(D) an audited fiscal report covering the previous two years, including a statement of income and expenditures;

(2) the nurse administrator's responsibilities;

(3) for each faculty member and preceptor, the following information:

(A) Job descriptions;

(B) selection policies;

(C) orientation plan;

(D) faculty organization by-laws;

(E) number of full-time and part-time faculty and non-nursing faculty with academic credentials and assignments; and

(F) faculty-student clinical ratio;

(4) degree plan;

(5) a copy of the current curriculum with the date of last revision;

(6) the testing process with test analysis and the written test procedure;

(7) a description of education facilities, including classrooms, offices, library, and computers;

(8) a list of clinical facilities;

(9) the number of students by classes; and

(10) the policies for students as listed in K.A.R. 60-2-107.

(j) During each resurvey, the nurse administrator of the nursing education program shall make available the following:

(1) The educational institution's administrators, faculty, support services personnel, and students;

(2) staff members of selected affiliating agencies;

(3) faculty minutes for at least the three previous years;

(4) faculty and student handbooks;

(5) student records;

(6) policies and procedures;

(7) curriculum materials;

(8) a copy of the nursing education program's audited fiscal report covering the previous two years, including income and expenditures;

(9) affiliating agency contractual agreements;

(10) program evaluation plan and evidence of program effectiveness; and

(11) school's current catalog.

(k) The nurse administrator of the nursing education program or designated personnel shall take the survey team to the nursing educational facilities, including satellite program facilities, library facilities, and clinical agencies.

(l) Upon completion of the survey, the nurse administrator shall be asked to correct any inaccurate statements contained in the survey report, limiting comments to errors, unclear statements, and omissions.

(m) If a nursing education program fails to meet the requirements of the board within a designated period of time, the program shall be notified by the board's designee of the board's intent to deny reapproval. This notification shall be made pursuant to K.S.A. 77-512 and amendments thereto of the Kansas administrative procedures act and shall inform the program of its right to a hearing pursuant to the act.

The parent institution shall be responsible for securing and providing for the permanent custody and storage of records of all students and graduates. (Authorized by and implementing K.S.A. 65-1118a and 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008.)

60-2-103. Faculty and preceptor qualifications. (a) Professional nursing education programs.

(1) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(2) Each preceptor shall meet the following requirements:

(A) Be licensed as a registered professional nurse in the state in which the individual is currently practicing nursing; and

(B) complete a preceptor orientation, which shall include information about the factors influencing the student-preceptor relationship and course information.

(3) Each program shall have a written plan that includes the method of selection of preceptors, the roles of the faculty members and preceptors, and the methods of contact between faculty members and preceptors during the preceptorship.

(4) Each nurse faculty member shall have academic preparation and experience as follows:

(A) The nurse administrator who is responsible for the development and implementation of the nursing education program shall have had successful experience in administration or teaching and shall have a graduate degree. Each person who is hired as a nurse administrator after July 1, 1999 shall have a graduate degree in nursing, except for any person whose graduate degree is conferred on or before July 1, 1999.

(B) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree. Each person who is hired as a nurse faculty member after July 1, 2001 shall have a graduate degree in nursing, preferably in the clinical area being taught, except for any person whose graduate degree is conferred before July 1, 2001.

(C) Each nurse faculty member responsible for clinical instruction shall possess a graduate degree or provide to the board a faculty degree plan that projects completion of a graduate degree. Each person who is hired as a nurse faculty member responsible for clinical instruction after July 1, 2001 shall meet one of the following requirements:

(i) Have a graduate degree in nursing, preferably in the clinical area being taught, except for any person whose graduate degree is conferred on or before July 1, 2001; or

(ii) provide to the board a faculty degree plan that projects completion of a graduate degree with the graduate degree to be in nursing if the degree is projected to be completed after July 1, 2001.

(b) Practical nursing education programs.

(1) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(2) Each nurse faculty member shall have academic preparation and experience as follows:

(A) The nurse administrator who is responsible for the development and implementation of the nursing education program shall have had successful experience in administration or teaching and shall have a graduate degree. Each person who is hired as a nurse administrator after July 1, 1999 shall have a graduate degree in nursing, except for any person whose graduate degree is conferred on or before July 1, 1999.

(B) Each nurse faculty member who is assigned the responsibility of a course shall hold a baccalaureate degree. Each person who is hired as a nurse faculty member after July 1, 2001 shall have a baccalaureate or higher degree in nursing, except for any person whose degree is conferred on or before July 1, 2001.

(C) Each nurse faculty member responsible for clinical instruction shall possess a baccalaureate degree or provide to the board a faculty degree plan that projects completion of a baccalaureate degree. Each person who is hired as a nurse faculty member responsible for clinical instruction after July 1, 2001 shall meet one of the following requirements:

(i) Have a baccalaureate or higher degree in nursing, except for any person whose degree is conferred on or before July 1, 2001; or

(ii) provide to the board a faculty degree plan that projects completion of a baccalaureate or higher degree, with the degree to be in nursing if the degree is projected to be completed after July 1, 2001.

(c)(1) For each nursing education program, each nurse administrator shall submit to the board the following:

(A) A faculty qualification report for each faculty member newly employed. Faculty with a continuing appointment shall have an appropriate degree;

(B) a faculty degree plan reflecting completion of the degree within six years for each instructor without the appropriate degree. Upon completion of the degree, a transcript showing completion of the program shall be submitted to the board; and

(C) notification and a rationale for each faculty member who is not following the degree plan as submitted.

(2) The nurse administrator may request a fac-

ulty hire exception to be approved by the board's professional staff, if faculty meeting the criteria specified in this regulation are not available, by providing documentation of the following:

- (A) A lack of qualified applicants;
- (B) a rationale for the need to hire the applicant;
- (C) the applicant's qualifications; and
- (D) a plan for faculty recruitment. (Authorized by and implementing K.S.A. 2001 Supp. 65-1119; effective April 4, 1997; amended Jan. 24, 2003.)

60-2-104. Curriculum requirements. (a)

The faculty in each nursing education program shall develop a curriculum to meet program and graduate outcomes and fulfill these requirements:

- (1) Identify the competencies of the graduate for the level of nursing practice;
- (2) determine the approach and content for learning experiences;
- (3) direct clinical instruction as an integral part of the program; and
- (4) provide for learning experiences of the depth and scope needed to fulfill the objectives or outcomes of nursing courses.

(b) The curriculum in each nursing education program shall include the following:

- (1) Content in the biological, physical, social, and behavioral sciences that provides a foundation for safe and effective nursing practice;
- (2) the art and science of nursing; and
- (3) didactic content and clinical experience to meet the objectives or outcomes specified in subsection (c) or (d).

(c) Each professional nursing program shall provide instruction and clinical experience in the following areas:

- (1) The aspects of a safe, effective care environment, including the management of care, safety, and infection control;
- (2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;
- (3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation; and
- (4) physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, and physiological adaptation.

(d) Each practical nursing program shall provide instruction and clinical experience in the following areas:

- (1) The aspects of a safe, effective care envi-

ronment, including the coordination of care, safety, and infection control;

(2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;

(3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation; and

(4) physiological integrity, including basic care and comfort, pharmacology, reduction of risk potential, and physiological adaptation.

(e) Minimum length of program.

(1) Each practical nursing education program shall have a minimum of 15 credit hours in nursing courses or the equivalent in clock-hours.

(2) Each professional nursing education program shall have a minimum of 30 credit hours in the nursing major.

(f) The faculty in each nursing education program shall develop and implement a written plan that meets the following requirements:

(1) Provides evidence of program evaluation and effectiveness; and

(2) is used for ongoing program improvement.

(g) Each nursing education program shall submit major curriculum revisions for approval by the board at least 30 days before the board meetings. The program shall have received board approval before implementation. Major curriculum revisions shall include the following:

(1) Any change in the plan of nursing curriculum organization involving philosophy, number of semesters of study, or the delivery method of nursing courses;

(2) any change in content requiring a change of clock-hours or credit hours in nursing courses; and

(3) any change in the number of students to be admitted to the nursing education program.

(h) Each nursing education program shall submit minor curriculum revisions of a course's content, title, objectives, or outcomes to the board's education specialist for approval, which shall be received by the program before implementation.

(i) The nurse administrator shall submit to the board office each change not requiring board approval. This information shall be submitted in writing with the annual report.

(j) Each nursing education program shall have an articulation plan. (Authorized by and implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008.)

60-2-105. Clinical resources. (a) Each af-

affiliating agency shall be approved by the board before that agency's use is initiated by the nursing education program. Written contractual agreements between the nursing education program and each affiliating agency shall be signed and kept on file in the nursing education program office.

(b) Clinical learning experiences and sites shall be selected to provide learning opportunities necessary to achieve the nursing education program objectives or outcomes. Each clinical purpose and site shall be approved by the board before implementation.

(c) The faculty of each nursing education program shall be responsible for student learning and evaluation in the clinical area.

(d) The nursing education program shall provide verification that each affiliating agency used for clinical instruction has clinical facilities that are adequate for the number of students served in terms of space, equipment, and other necessary resources, including an adequate number of patients or clients necessary to meet the program objectives or outcomes.

(e) A maximum of a 1:10 faculty-to-student ratio, including students at observational sites, shall be maintained during the clinical experience.

(f) Clinical observational experiences.

(1) The objectives or outcomes for each observational experience shall reflect observation rather than participation in nursing interventions. For regularly scheduled observational experiences, the observational purpose and experience shall be approved by the board before implementation.

(2) Affiliating agencies in which observational experiences take place shall not be required to be staffed by registered nurses.

(3) Observational experiences shall constitute no more than 15 percent of the total clinical hours for the course, unless approved by the board.

(g) Clinical experiences with preceptors shall be no more than 20 percent of the total clinical hours of the professional nursing education program. This prohibition shall not apply to the capstone course.

(h) Each affiliating agency used for clinical instruction shall be staffed independently of student assignments.

(i) The number of affiliating agencies used for clinical experiences shall be adequate for meeting curriculum objectives or outcomes. The nursing education program faculty shall provide the affiliating agency staff with the organizing curriculum

framework and either objectives or outcomes for clinical learning experiences used.

(j) A sufficient number and variety of patients representing all age groups shall be utilized to provide learning experiences that meet curriculum objectives or outcomes. If more than one nursing education program uses the same affiliating agency, the nursing education programs shall document the availability of appropriate learning experiences for all students. (Authorized by and implementing K.S.A. 2001 Supp. 65-1119; effective April 4, 1997; amended Jan. 24, 2003.)

60-2-106. Educational facilities. (a) Classrooms, laboratories, and conference rooms shall be available when needed and shall be adequate in size, number, and type according to the number of students and the educational purposes for which the rooms are to be used.

(b) Each nursing education program shall provide the following:

(1) A physical facility that is safe and is conducive to learning;

(2) offices that are available and adequate in size, number, and type to provide the faculty with privacy in counseling students; and

(3) secured space for nursing student records.

(c) The library resources, instructional media, and materials shall be of sufficient recency, pertinence, level of content, and quantity as indicated by the curriculum to meet the needs of nursing students and faculty. (Authorized by and implementing K.S.A. 2001 Supp. 65-1119; effective April 4, 1997; amended Jan. 24, 2003.)

60-2-107. Student policies. (a) Each nursing education program shall have clearly defined written policies for the following:

(1) Admission:

(A) Generic students;

(B) transfer students; and

(C) articulation;

(2) oral and written English proficiency in reference to K.A.R. 60-3-106;

(3) readmission;

(4) progression;

(5) counseling and guidance;

(6) student role versus employee role;

(7) representation on faculty governance;

(8) graduation;

(9) refund policies governing all fees and tuition paid by students; and

(10) ethical practices for the performance of ac-

tivities including recruitment, admission, and advertising.

(b) Each nursing education program shall have a written policy providing information to any student who may be subject to licensure denial under K.S.A. 65-1120, and amendments thereto. The information shall be provided before admission to the nursing education program. (Authorized by and implementing K.S.A. 65-1119; effective April 4, 1997; amended Nov. 7, 2008.)

60-2-108. Reports. (a) An annual report and all applicable fees shall be submitted to the board by each nursing education program on or before June 30 of each year and shall include the following:

(1) Changes in program policies, organizing curriculum framework, objectives or outcomes, and major and minor curriculum changes;

(2) faculty responsibilities for required and elective nursing courses;

(3) the name, license number, academic credentials, employment date, and full- or part-time status of each member of the faculty;

(4) for each preceptor, the name, license number, academic credentials, current clinical area of practice, and place where currently employed;

(5) the nurse administrator's teaching responsibilities;

(6) for each affiliating agency, the following information:

(A) The name;

(B) the location; and

(C) the student-faculty clinical ratio for the reporting period;

(7) statistics for generic, articulation, and transfer students, including the following:

(A) Admissions, readmissions, withdrawals, and graduations; and

(B) first-time pass rate for each of the last five years;

(8) faculty statistics, including name, number, and credentials;

(9) the budget spent for library and audiovisual acquisitions to support the nursing program for the most recent year;

(10) an audited fiscal report covering the previous two years, including a statement of income and expenditures;

(11) any complaints involving educational statutes and regulations;

(12) a response to the recommendations and

requirements from the last annual report or last survey visit;

(13) plans for the future;

(14) a description of the practices used to safeguard the health and well-being of students; and

(15) a copy of the school's current catalog.

(b) If the nursing education program fails to meet the requirements of the board or to submit required reports within a designated period of time, the program shall be removed from the list of approved nursing education programs after receiving notice and being given an opportunity to be heard. These proceedings shall be conducted in accordance with the provisions of the Kansas administrative procedure act. (Authorized by and implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008.)

Article 3.—REQUIREMENTS FOR LICENSURE AND STANDARDS OF PRACTICE

60-3-101. Licensure. (a) Licensure by examination. (1) Not later than 30 days before the examination date, each applicant for licensure by examination shall file with the board a completed application and tender the fee prescribed by K.A.R. 60-4-101.

(2) The application shall be filed on a form adopted by the board.

(3) Each applicant for nursing licensure shall take and pass the examination prepared by the national council of state boards of nursing.

(b) Licensure by endorsement.

(1) Each applicant for licensure by endorsement shall file with the board a completed application and tender the fee prescribed by K.A.R. 60-4-101. The application shall be filed on a form adopted by the board.

(2) Verification of a current Kansas license shall be provided to other state boards upon request and upon payment of the prescribed fee.

(c) Information regarding examinations.

(1) The examination for licensure shall be administered at designated sites.

(2) Each candidate shall present a validated admission card in order to be admitted to the examination center.

(3) Any applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.

(4) If the answer key is lost or destroyed

through circumstances beyond the control of the board, the candidate shall be required to retake the examination in order to meet requirements for licensure, except that there shall be no examination fee charged to the applicant.

(5) Individual examination results shall be released to the school from which the examinee graduated.

(6) Any candidate requesting modifications to the examination procedures or materials because of a learning disability shall provide written documentation from the appropriate medical professional confirming the learning disability, an evaluation completed within the last five years by a learning disabilities evaluation team, and a letter from the nursing program confirming learning and testing modifications made during the course of study.

(d) Application for reexamination. Any applicant who fails to make a passing score on the licensure examination may retake the examination and shall pay an examination fee for each retest as established by K.A.R. 60-4-101. (Authorized by K.S.A. 65-1129; implementing K.S.A. 1997 Supp. 65-1115 and K.S.A. 1997 Supp. 65-1116; effective Jan. 1, 1966; amended Jan. 1, 1972; amended, E-74-29, July 1, 1974; modified, L. 1975, Ch. 302, Sec. 3, May 1, 1975; amended May 1, 1980; amended May 1, 1987; amended April 26, 1993; amended Jan. 29, 1999.)

60-3-102. Duplicate of license. When a license has been lost or destroyed, a duplicate may be issued by the board upon payment of a fee. The fee may be waived if the license has been stolen. (Authorized by K.S.A. 65-1129, implementing K.S.A. 1993 Supp. 74-1106; effective Jan. 1, 1966; amended Jan. 1, 1972; modified, L. 1975, Ch. 302, Sec. 11, May 1, 1975; amended Nov. 21, 1994.)

60-3-103. Change of name. Once an application for licensure has been filed or a license has been issued the applicant or licensee shall submit an affidavit indicating a change of name upon forms approved by the board. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended May 1, 1975.)

60-3-104. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended May 1, 1975; revoked May 9, 1994.)

60-3-105. Reinstatement of license.

(a) Any applicant whose Kansas license has lapsed may, within five years of its expiration date, reinstate that license by submitting satisfactory proof that the applicant has obtained 30 contact hours of approved continuing nursing education within the preceding two-year period.

(b) Any applicant whose Kansas license has lapsed for more than five years beyond its expiration date may reinstate the license by submitting evidence of:

(1) current licensure in another jurisdiction which requires completion of a number of contact hours of continuing nursing education for license renewal which are equivalent to or greater than the number of hours required in Kansas;

(2) licensure in another jurisdiction sometime during the preceding five-year period, and completion of 30 contact hours of approved continuing nursing education within the preceding two-year period; or

(3) satisfactory completion of a refresher course approved by the board. (Authorized by K.S.A. 65-1129 and K.S.A. 1994 Supp. 65-1117, as amended by L. 1995, Ch. 97, § 1; implementing K.S.A. 1994 Supp. 65-1117, as amended by L. 1995, Ch. 97, § 1; effective Feb. 15, 1977; amended May 1, 1987; amended Sept. 2, 1991; amended May 9, 1994; amended Feb. 16, 1996.)

60-3-106. Licensure qualifications.

(a) As part of the application process, each individual applying for original licensure in Kansas who is a graduate of a foreign nursing school shall submit that individual's education and licensure credentials for evaluation to a credentialing agency approved by the board.

(b) Any individual applying for licensure in Kansas who is a graduate of a foreign nursing school in which instruction was not in English may be granted a license if that individual meets all other requirements for licensure in effect at the time of application and shows proof of proficiency in English by passing one of the following:

(1) The test of English as a foreign language and the test of spoken English; or

(2) similar examinations, as approved by the board.

(c) Each graduate of a foreign nursing school licensed in another jurisdiction shall submit that individual's education and licensure credentials for evaluation to a credentialing agency approved by the board or to the board's representative.

(d) If an individual fails to pass the licensure examination or does not take the licensure examination within 24 months after graduation, the individual shall petition the board in writing before being allowed to take or retake the licensure examination. The petition shall be submitted on a form provided by the board and shall contain the following, as applicable:

- (1) The name of the school of graduation;
- (2) the date of graduation;
- (3) the number of months or years since graduation;
- (4) the number of times that the individual has taken the licensure examination;
- (5) the dates of the licensure examinations;
- (6) areas of deficiency identified on the diagnostic profile for each examination;
- (7) copies of all diagnostic profiles;
- (8) any study completed since the last attempt of taking the licensure examination;
- (9) any work experience in the last two years; and
- (10) a sworn statement by the petitioner that the facts contained in the petition are true to the best of that person's knowledge and belief.

(e) An individual shall be allowed by the board to retake the licensure examination after 24 months from graduation only upon demonstrating to the board's satisfaction that the individual has identified and addressed the reasons for prior failure and that there is a reasonable probability that the individual will pass the examination. A plan of study or review course may be required by the board before the individual retakes the licensure examination.

(f) If the board requires a plan of study before retaking the licensure examination, the plan shall contain the following:

- (1) A list of all the low performance areas of the test plan identified by the diagnostic profile from each examination;
- (2) a specific content outline for all of the areas of low performance on the diagnostic profile;
- (3) methods of study, including the following:
 - (A) Self-study;
 - (B) study groups;
 - (C) tutors; or
 - (D) any other methods approved by the board;
- (4) a schedule for study that meets the following requirements:
 - (A) 30 hours for each low performance area;
 - (B) a start date; and

(C) completion in six months or the petition shall be considered abandoned;

(5) learning resources identified to be used in the study that meet these requirements:

(A) A written bibliography in a standard documentation format, with resources no more than five years old; and

(B) four types for each low performance area selected from the list as follows:

- (i) Textbooks;
- (ii) journals;
- (iii) review books;
- (iv) audiovisuals;
- (v) computer-assisted instruction; or
- (vi) computer review programs.

(g) A registered professional nurse shall provide written verification that the individual has completed the study plan.

(h) Academic nursing courses, clinical observations, or other learning activities to meet study requirements may also be prescribed by the board. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1115 and K.S.A. 65-1116; effective Feb. 15, 1977; amended Sept. 2, 1991; amended May 9, 1994; amended April 4, 1997; amended Jan. 29, 1999; amended June 14, 2002; amended Nov. 7, 2008.)

60-3-106a. Temporary permit. (a) A temporary permit to practice as a registered professional nurse or licensed practical nurse for a period not to exceed 120 days may be issued to an applicant who holds a license in a state or territory of the United States that was granted by an examination approved by the board for either of the following:

(1) To enable the applicant to gain employment while completing continuing education requirements necessary for reinstatement of a Kansas license; or

(2) to enable the applicant to gain employment while completing the requirements necessary for endorsement.

(b) A copy of the applicant's current nursing license in another state or in a territory of the United States shall be required for issuance of a temporary permit for endorsement and for reinstatement of a Kansas license as prescribed by K.A.R. 60-3-105. (Authorized by K.S.A. 65-1129 and K.S.A. 2007 Supp. 74-1106; implementing K.S.A. 65-1115, K.S.A. 65-1116, and K.S.A. 2007 Supp. 65-1117; effective May 9, 1994; amended

April 3, 1998; amended July 29, 2005; amended Nov. 7, 2008.)

60-3-107. Expiration dates of applications. Applications for initial licensure by examination or endorsement and for reinstatement while awaiting documentation of qualifications shall be active for six months.

(a) The expiration date of each application shall be six months after the date of receipt at the board's office.

(b) If the application has expired, each individual seeking licensure shall submit a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101. (Authorized by and implementing K.S.A. 65-1115, K.S.A. 65-1116, and K.S.A. 65-1117; effective, E-77-8, March 19, 1976; effective Feb. 15, 1977; amended April 3, 1998; amended July 29, 2005.)

60-3-108. License expiration and renewal. (a) Except as specified in subsection (b), all licenses for registered professional nurses and licensed practical nurses shall be renewed according to the following requirements:

(1) The expiration date of each license shall be the last day of the month in which the licensee's birthday occurs.

(2)(A) The renewal date for each licensee whose year of birth is an odd-numbered year shall be in each odd-numbered year.

(B) The renewal date for each licensee whose year of birth is an even-numbered year shall be in each even-numbered year.

(b) If a licensee would otherwise be required to renew the license within six months from the date on which the licensee qualified for the license, the expiration and renewal date shall be the last day of the month following the licensee's third birthday from the date of licensure or reinstatement. (Authorized by K.S.A. 65-1117 and K.S.A. 74-1106; implementing K.S.A. 65-1117; effective, E-77-8, March 19, 1976; effective Feb. 15, 1977; amended, E-79-8, March 16, 1978; amended May 1, 1979; amended July 29, 2005.)

60-3-109. (Authorized by K.S.A. 65-1113 *et seq.*, 74-1106 *et seq.*; modified by L. 1975, Ch. 302, Sec. 4, effective May 1, 1975; amended Feb. 15, 1977; revoked May 1, 1982.)

60-3-109a. Standards of practice. (a) Each registered professional nurse shall be familiar with the Kansas nurse practice act, the stan-

dards of practice of the profession and the code of ethics for professional nurses.

(b) Each licensed practical nurse shall be familiar with the Kansas nurse practice act, the standards of practice and the code of ethics for practical nurses. (Authorized by K.S.A. 65-1113; implementing K.S.A. 74-1106; effective May 1, 1985.)

60-3-110. Unprofessional conduct. Any of the following shall constitute "unprofessional conduct": (a) Performing acts beyond the authorized scope of the level of nursing for which the individual is licensed;

(b) assuming duties and responsibilities within the practice of nursing without making or obtaining adequate preparation or maintaining competency;

(c) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard each patient;

(d) inaccurately recording, falsifying, or altering any record of a patient or agency or of the board;

(e) physical abuse, which shall be defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. This term may include any of the following:

(1) The unreasonable use of any physical restraint, isolation, or medication that harms or is likely to harm a patient;

(2) the unreasonable use of any physical or chemical restraint, medication, or isolation as punishment, for convenience, in conflict with a physician's order or a policy and procedure of the facility or a state statute or regulation, or as a substitute for treatment, unless the use of the restraint, medication, or isolation is in furtherance of the health and safety of the patient;

(3) any threat, menacing conduct, or other nontherapeutic or inappropriate action that results in or might reasonably be expected to result in a patient's unnecessary fear or emotional or mental distress; or

(4) failure or omission to provide any goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm;

(f) commission of any act of sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice;

(g) verbal abuse, which shall be defined as any

word or phrase spoken inappropriately to or in the presence of a patient that results in or might reasonably be expected to result in the patient's unnecessary fear, emotional distress, or mental distress;

(h) delegating any activity that requires the unique skill and substantial specialized knowledge derived from the biological, physical, and behavioral sciences and judgment of the nurse to an unlicensed individual in violation of the Kansas nurse practice act or to the detriment of patient safety;

(i) assigning the practice of nursing to a licensed individual in violation of the Kansas nurse practice act or to the detriment of patient safety;

(j) violating the confidentiality of information or knowledge concerning any patient;

(k) willfully or negligently failing to take appropriate action to safeguard a patient or the public from incompetent practice performed by a registered professional nurse or a licensed practical nurse. "Appropriate action" may include reporting to the board of nursing;

(l) leaving an assignment that has been accepted, without notifying the appropriate authority and allowing reasonable time for replacement;

(m) engaging in conduct related to licensed nursing practice that is likely to deceive, defraud, or harm the public;

(n) diverting drugs, supplies, or property of any patient or agency;

(o) exploitation, which shall be defined as misappropriating a patient's property or taking unfair advantage of a patient's physical or financial resources for the licensee's or another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false pretense, or false representation;

(p) solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;

(q) advertising nursing superiority or advertising the performance of nursing services in a superior manner;

(r) failing to comply with any disciplinary order of the board;

(s) failing to complete the requirements of the impaired provider program of the board;

(t) failing to furnish the board, its investigators, or its representatives with any information legally requested by the board;

(u) engaging in nursing practice while using a

false or assumed name or while impersonating another person licensed by the board;

(v) practicing without a license or while the license has lapsed;

(w) allowing another person to use the licensee's license to practice nursing; or

(x) knowingly aiding or abetting another in any act that is a violation of any healthcare licensing act. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2001 Supp. 65-1120; effective May 1, 1982; amended Sept. 27, 1993; amended Sept. 6, 1994; amended Oct. 25, 2002.)

60-3-111. Inactive license. (a) Before expiration of an active license, a registered professional nurse or licensed practical nurse may request to be put on inactive status.

(b) The request shall be accompanied by the inactive license fee, as prescribed by K.A.R. 60-4-101.

(c) Continuing nursing education shall not be required while on inactive status.

(d) The licensee shall remain on inactive status until filing an application and meeting all the requirements for reinstatement. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2000 Supp. 65-1117 and 65-1118; effective April 26, 1993; amended Oct. 12, 2001.)

60-3-112. Exempt license. (a) An exempt license shall be granted only to a registered professional or practical nurse who meets these requirements:

(1) Is not regularly engaged in nursing practice in Kansas, but volunteers nursing services or is a charitable health care provider as defined by K.S.A. 75-6102 and amendments thereto; and

(2)(A) Has been licensed in Kansas for the five years previous to applying for an exempt license; or

(B) has been licensed in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement into Kansas.

(b) The expiration date of the exempt license shall be in accordance with K.A.R. 60-3-108.

(c) Each application for renewal of an exempt license shall be submitted upon a form furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-4-101. (Authorized by and implementing K.S.A. 65-1115 and K.S.A. 65-1116; effective April 3, 1998; amended Oct. 25, 2002; amended July 29, 2005.)

60-3-113. Reporting of certain misdemeanor convictions by the licensee. Pursuant to K.S.A. 65-1117 and amendments thereto, each licensee shall report to the board any misdemeanor conviction for any of the following substances or types of conduct:

- (a) Alcohol;
- (b) any drugs;
- (c) deceit;
- (d) dishonesty;
- (e) endangerment of a child or vulnerable adult;
- (f) falsification;
- (g) fraud;
- (h) misrepresentation;
- (i) physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- (j) physical or verbal abuse;
- (k) theft;
- (l) violation of a protection from abuse order or protection from stalking order; or
- (m) any action arising out of a violation of any state or federal regulation. (Authorized by K.S.A. 2007 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1117; effective Nov. 7, 2008.)

60-3-114. Satisfactory completion of a refresher course approved by the board. (a) Each refresher course shall provide didactic instruction and clinical learning as follows:

- (1) At least 120 clock-hours of didactic instruction; and
- (2) at least 180 clock-hours of clinical learning, which shall be verified by the preceptor and refresher course administrator or by the refresher course faculty member, according to the following requirements:
 - (A) For the registered professional nurse refresher course, at least 110 of the required clock-hours in an acute care setting; and
 - (B) for the licensed practical nurse refresher course, all 180 clock-hours in an acute care or skilled nursing setting.
- (b) The didactic instruction and clinical learning content areas of the registered professional nurse refresher course shall be the following:
 - (1) Safe, effective care environment, including management of care and safety and infection control;
 - (2) health promotion and maintenance;
 - (3) psychosocial integrity;
 - (4) physiological integrity, including basic care and comfort, pharmacological and parenteral

therapies, reduction of risk potential, and physiological adaptation; and

(5) integrated content, including the nursing process, caring, communication, documentation, teaching, and learning.

(c) The didactic instruction and clinical learning content areas of the licensed practical nurse refresher course shall be the following:

(1) Safe and effective care environment, including coordinated care and safety and infection control;

(2) health promotion and maintenance;

(3) psychosocial integrity;

(4) physiological integrity, including basic care and comfort, pharmacological therapies, reduction of risk potential, and physiological adaptation; and

(5) integrated content, including the nursing process, caring, communication, documentation, teaching, and learning.

(d)(1) Each refresher course student shall be supervised by the course faculty member or preceptor.

(2) All clinical learning experiences shall be under the direct supervision of a registered professional nurse. Direct supervision shall mean that a registered professional nurse observes, directs, and evaluates the refresher course student's performance.

(3) The faculty member or preceptor shall be on site when the refresher course student is assigned responsibilities that include nursing skills and abilities in which the student has acquired proficiency and the care required is simple and routine.

(4) The faculty member or preceptor shall be on the premises when the refresher course student is assigned responsibilities that include nursing skills and abilities in which the student is gaining proficiency and the clients assigned to the student have severe or urgent conditions or are unstable, or both.

(5) Each student in a registered professional nurse refresher course shall demonstrate clinical skills appropriate for the scope of practice for the registered professional nurse.

(6) Each student in a licensed practical nurse refresher course shall demonstrate clinical skills appropriate for the scope of practice for the licensed practical nurse.

(7) Upon successful completion of the didactic portion of the refresher course, the unlicensed student shall submit an application for licensure

in Kansas before beginning clinical learning. (Authorized by K.S.A. 65-1115, 65-1116, and 65-1129; implementing K.S.A. 65-1115 and 65-1116; effective Nov. 7, 2008.)

Article 4.—FEES

60-4-101. Payment of fees. The following fees shall be charged by the board of nursing:

(a) Fees for professional nurses.

(1) Application for license by endorsement to Kansas	\$75.00
(2) Application for license by examination.....	75.00
(3) Biennial renewal of license	60.00
(4) Application for reinstatement of license without temporary permit	70.00
(5) Application for reinstatement of license with temporary permit.....	95.00
(6) Certified copy of Kansas license	25.00
(7) Inactive license.....	10.00
(8) Verification of licensure	25.00
(9) Application for exempt license	50.00
(10) Renewal of exempt license	50.00

(b) Fees for practical nurses.

(1) Application for license by endorsement to Kansas	50.00
(2) Application for license by examination.....	50.00
(3) Biennial renewal of license	60.00
(4) Application for reinstatement of license without temporary permit	70.00
(5) Application for reinstatement of license with temporary permit.....	95.00
(6) Certified copy of Kansas license	25.00
(7) Inactive license.....	10.00
(8) Verification of licensure	25.00
(9) Application for exempt license	50.00
(10) Renewal of exempt license	50.00

(Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1118; effective Jan. 1, 1966; amended Jan. 1, 1972; amended, E-74-29, July 1, 1974; modified, L. 1975, Ch. 302, Sec. 5, May 1, 1975; amended, E-77-8, March 19, 1976; amended Feb. 15, 1977; amended, E-79-8, March 16, 1978; amended May 1, 1979; amended May 1, 1980; amended May 1, 1983; amended March 9, 1992; amended May 17, 1993; amended May 9, 1994; amended Feb. 6, 1995; amended April 3, 1998; amended July 1, 2001; amended April 20, 2007.)

60-4-102. (Authorized by K.S.A. 65-1113 *et seq.*, 74-1106 *et seq.*; effective May 1, 1979; revoked May 1, 1980.)

60-4-103. Fees and travel expenses for school approval and approval of continuing education providers. (a) The fees for school approval and approval of continuing nursing education providers shall be the following:

(1) Application for approval—schools of nursing.....	\$700.00
(2) Annual renewal of approval—schools of nursing.....	200.00
(3) Application for approval of continuing nursing education providers	200.00
(4) Annual renewal for continuing nursing education providers.....	50.00
(5) Approval of single continuing nursing education offerings.....	50.00
(6) Consultation by request, per day on site....	300.00

(b) All fees prescribed in subsection (a) shall be due at the time of application.

(c) The person, firm, corporation, or institution requesting the board's consultation services shall pay each consultant's travel expenses. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2001 Supp. 65-1118a; effective, E-82-18, Sept. 30, 1981; effective May 1, 1982; amended Sept. 14, 1992; amended May 17, 1993; amended May 9, 1994; amended June 14, 2002.)

Article 5.—APPROVAL OF EDUCATIONAL PROGRAMS FOR MENTAL HEALTH TECHNICIANS

60-5-101. Not in active use.

Editor's Note:

Proposed regulation 60-5-101 was rejected by the legislature, See L. 1975, Ch. 302.

60-5-102. Approval procedure. A. An institution contemplating the establishment of a program for mental health technicians: 1. Shall write a letter of intent to the Kansas state board of nursing.

2. Shall submit the name and qualifications of the nurse administrator to the board of nursing for approval.

3. Shall employ a qualified nurse administrator.

4. Shall employ a second faculty member.

5. Shall file with the board an application for an approved program two months prior to the anticipated opening date with the payment of any required fees.

6. Shall receive in writing the decision of the board.

7. Shall be approved prior to the admission of students. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; modified, L. 1975, Ch. 302, Sec. 6, May 1, 1975.)

60-5-103. Discontinuing a program for mental health technicians. A program terminating its course shall submit for approval to the board the plan for students currently enrolled and

the disposition of records. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective May 1, 1975.)

**Article 6.—REQUIREMENTS FOR
APPROVED PROGRAMS FOR MENTAL
HEALTH TECHNICIANS**

60-6-101. Requirements. (a) Accreditation and approval.

(1) Each educational institution shall be approved by the appropriate state agency.

(2) Each hospital and agency providing facilities for clinical experience shall be licensed, accredited, or approved by the licensing or certifying body.

(b) Administration and organization.

(1) The educational program or the institution of which it is a part shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide for the financial support of the educational unit.

(2) Authority and responsibility for administering the program shall be vested in the director of the educational unit.

(c) Faculty for mental health technician programs. Each faculty member shall have the necessary preparation, experience, and personal qualifications to meet the specifications of the position.

(1) The director of the educational unit shall be licensed to practice as a registered professional nurse in Kansas and shall be responsible for the development and implementation of the educational program. The director shall have a baccalaureate degree, successful experience in administration or teaching, and at least two years of experience in psychiatric or developmental disability nursing.

(2) Each instructor in a mental health technician program shall meet at least one of the following requirements:

(A) Be licensed to practice as a registered professional nurse in Kansas and have at least two years of experience in psychiatric or developmental disability nursing; or

(B) be licensed to practice as a licensed mental health technician and have at least five years of experience postlicensure. Two years of work experience shall be waived for those licensed mental health technicians possessing an associate degree.

(3) Each instructor in the behavioral sciences

shall have earned an academic degree with appropriate education relative to the area of instruction.

(d) Curriculum.

(1) Before implementation of the program, the institution shall submit the proposed curriculum in writing to the board for approval. The institution shall submit, in writing, any proposed changes to an approved curriculum to the board for its approval before the changes may be implemented.

(2) The curriculum shall be organized to cover both theoretical instruction and clinical instruction. The curriculum for mental health technician courses shall consist of a minimum of 300 hours of theoretical instruction and 300 hours of clinical instruction. By July 1, 1978, the curriculum shall consist of a minimum of 450 hours of theoretical instruction and 450 hours of clinical instruction. In academic institutions, one semester hour of credit shall be equal to 15 hours of theoretical instruction or 45 hours of clinical instruction.

(3) The curriculum shall also include the following two courses, which shall be of a theoretical nature. Each course shall consist of 45 hours of instruction.

(A) Human growth and development. This course shall include aspects of growth and development from the prenatal period through senescence.

(B) Behavioral science. This course shall include human needs, group processes, family dynamics, and social, economic, and cultural factors of behavior.

(4) The curriculum shall also include the following two courses, which shall include both theoretical and clinical instruction.

(A) Basic nursing concepts. This course shall include bed making, personal hygiene, administration and effect of medications, feeding, asepsis, elimination, recognition of illness, vital signs, basic nutrition, special care of patients, first aid and emergency nursing, assisting with physical examinations, and admission and discharge of patients.

(B) Psychiatric therapeutic treatment. This course shall include interpersonal relationships, psychopathology and classifications, coping mechanisms, communication skills, therapeutic modalities, and special reporting and recording techniques.

(e) Clinical facilities and resources.

(1) All clinical facilities shall be approved by the board, and appropriate contractual agree-

ments shall be renewed annually with all cooperating agencies.

(2) Each clinical area used for student learning experiences shall be staffed by nursing service independent of student assignments.

(3) Each clinical unit used for educational purposes shall be under the direct supervision of a registered nurse.

(f) Students.

(1) Admission. Each program shall have clearly defined policies for admission.

(2) Credit for previous study.

Each program shall have clearly defined written policies concerning credit for previous study, transfer of credits, and readmission of students. These policies shall conform to the policies of the institution.

(3) Promotion and graduation policies shall be in writing.

(g) Evaluation. A written plan for continuing program evaluation shall be developed and implemented. (Authorized by K.S.A. 1998 Supp. 65-4206 and 74-1106; implementing K.S.A. 1998 Supp. 65-4206; modified, L. 1975, Ch. 302, Sec. 7, May 1, 1975; amended March 31, 2000.)

Article 7.—REQUIREMENTS FOR LICENSURE AND STANDARDS OF PRACTICE

60-7-101. Licensure. (a) The applicant shall file with the board one month preceding the examination a completed application on an adopted form with payment of the application and examination fees prescribed by K.A.R. 60-8-101.

(b) Verification of current Kansas license shall be provided by request to other state boards upon payment of fee.

(c) Information regarding examinations.

(1) The examination for licensure shall be given at least twice a year.

(2) Each candidate shall present a validated admission card in order to be admitted to the examination center.

(3) Any applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.

(4) In the event that answer sheets are lost or destroyed through circumstances beyond the control of the board, the candidate shall be required to retake the examination in order to meet requirements for licensure, except that no additional charge shall be made.

(5) Individual examination results shall be released to the school from which the examinee graduated.

(6) Any candidate requesting modifications to the examination procedures or materials because of a learning disability shall provide written documentation from the appropriate medical professional confirming the learning disability, an evaluation completed within the last five years by a learning disabilities evaluation team, and a letter from the mental health technician program confirming the learning and testing modifications made during the course of study.

(d) Application for retest. An applicant who fails to make a passing score on the licensure examination may retake the examination and shall pay an examination fee for each retest as established by K.A.R. 60-8-101.

(e) If an individual fails to pass the licensure examination within 24 months from graduation, the individual shall petition the board in writing before being allowed to retake the licensure examination. The petition shall be on a form provided by the board and shall contain the following:

(1) The name of the school of graduation;

(2) the date of graduation;

(3) the number of months or years since graduation;

(4) the number of times taking the licensure examination;

(5) the dates of the licensure examinations;

(6) areas of deficiency identified on the diagnostic profile for each examination;

(7) copies of all diagnostic profiles;

(8) any study completed since the last attempt of taking the licensure examination;

(9) any work experience in the last two years; and

(10) a sworn statement by the petitioner that the facts contained in the petition are true to the best of the person's knowledge and belief.

(f) An individual shall be allowed by the board to retake the licensure examination after 24 months from graduation only upon demonstrating to the board's satisfaction that the individual has identified and addressed the reasons for prior failure and that there is a reasonable probability that the individual will pass the examination. A plan of study may be required by the board before the individual retakes the licensure examination.

(g) If the board requires a plan of study before retaking the licensure examination, the plan shall contain the following:

(1) A list of all the low performance competencies of the test plan identified by the diagnostic profile from each examination;

(2) a specific content outline for all the low performance competencies on the diagnostic profile;

(3) methods of study, including the following:

(A) Self-study;

(B) study groups;

(C) tutors; or

(D) any other methods as approved by the board;

(4) a schedule for study that meets the following requirements:

(A) 30 hours per each low performance competency;

(B) a start date; and

(C) completion in six months or the petition shall be considered abandoned;

(5) learning resources identified to be used in the study, meeting these requirements:

(A) a written bibliography in a standard documentation format, with resources no more than five years old; and

(B) four types for each low performance competency selected from the list as follows:

(i) Textbooks;

(ii) journals;

(iii) review books;

(iv) audiovisuals;

(v) computer-assisted instruction; or

(vi) computer review programs.

(h) A registered professional nurse shall provide written verification that the individual has completed a study plan.

(i) Academic mental health technician courses, clinical observations, or other learning activities to meet study requirements may also be prescribed by the board. (Authorized by K.S.A. 1997 Supp. 65-4203 and 1997 Supp. 74-1106; implementing K.S.A. 1997 Supp. 65-4203; modified, L. 1975, Ch. 302, Sec. 8, May 1, 1975; amended Jan. 29, 1999.)

60-7-102. Duplicate of license. When a license has been lost or destroyed, a duplicate may be issued by the board upon payment of a fee. The fee may be waived if the license has been stolen. (Authorized by K.S.A. 1999 Supp. 65-4203; implementing K.S.A. 1999 Supp. 65-4208; modified, L. 1975, Ch. 302, Sec. 9, May 1, 1975; amended April 20, 2001.)

60-7-103. Change of name. Once an ap-

plication for licensure has been filed, or a license has been issued, the applicant or licensee shall submit an affidavit indicating a change of name upon forms approved by the board. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective May 1, 1975.)

60-7-104. Reinstatement of license. (a) Any applicant whose Kansas license has lapsed may reinstate the license by submitting satisfactory proof that the applicant within the preceding two-year period has obtained 30 hours of approved continuing education.

(b) Any applicant whose license has lapsed may request that a one-time, temporary permit to practice for 120 days be issued while the applicant completes the required continuing education hours. (Authorized by K.S.A. 1994 Supp. 65-4203, as amended by L. 1995, Ch. 97, § 4; implementing K.S.A. 1994 Supp. 65-4205, as amended by L. 1995, Ch. 97, § 5; effective May 1, 1975; amended May 9, 1994; amended Feb. 16, 1996.)

60-7-105. Standards of practice. A. The licensed mental health technician shall: 1. Be familiar with the mental health technician's licensure act.

2. Function primarily in a psychiatric-mental retardation setting, and shall not substitute for registered nurses or licensed practical nurses in adult care facilities. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; modified, L. 1975, Ch. 302, Sec. 10, May 1, 1975.)

60-7-106. Unprofessional conduct. Any of the following shall constitute "unprofessional conduct":

(a) Performing acts beyond the authorized scope of mental health technician practice for which the individual is licensed;

(b) assuming duties and responsibilities within the practice of mental health technology without adequate preparation or without maintaining competency;

(c) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient;

(d) inaccurately recording, falsifying, or altering any record of a patient, an agency or the board;

(e) physical abuse, which shall be defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. This term may include any of the following:

(1) The unreasonable use of any physical restraints, isolation, or medication that harms or is likely to harm the patient;

(2) the unreasonable use of any physical or chemical restraint, medication, or isolation as a punishment, for convenience, in conflict with a physician's order or a policy and procedure of the facility or a statute or regulation, or as a substitute for treatment, unless the use of the restraint, medication, or isolation is in furtherance of the health and safety of the patient;

(3) any threat, menacing conduct, or other nontherapeutic or inappropriate action that results in or might reasonably be expected to result in the patient's unnecessary fear or emotional or mental distress; or

(4) any failure or omission to provide any goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm;

(f) the commission of any act of sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice;

(g) verbal abuse, which shall be defined as any word or phrase spoken inappropriately to or in the presence of a patient that results in or might reasonably be expected to result in the patient's unnecessary fear, emotional distress, or mental distress;

(h) delegating any activity that requires the unique skill and substantial specialized knowledge derived from the biological, physical, and behavioral sciences and judgment of the mental health technician to an unlicensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;

(i) assigning the practice of mental health technology to a licensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;

(j) violating the confidentiality of information or knowledge concerning any patient;

(k) willfully or negligently failing to take appropriate action to safeguard a patient or the public from incompetent practice performed by a licensed mental health technician. "Appropriate action" may include reporting to the board of nursing;

(l) leaving an assignment that has been accepted, without notifying the appropriate authority and without allowing reasonable time for the licensee's replacement;

(m) engaging in conduct related to mental

health technology practice that is likely to deceive, defraud, or harm the public;

(n) diverting drugs, supplies, or property of any patient or agency or violating any law or regulation relating to controlled substances;

(o) exploitation, which shall be defined as misappropriating a patient's property or taking unfair advantage of a patient's physical or financial resources for the licensee's or another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false pretense, or false representation;

(p) the solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;

(q) failing to comply with any disciplinary order of the board;

(r) if the licensee is participating in an impaired provider program approved by the board, failing to complete the requirements of the program;

(s) failing to furnish the board of nursing, or its investigators or representatives, with any information legally requested by the board of nursing;

(t) engaging in mental health technology practice while using a false or assumed name or while impersonating another person licensed by the board;

(u) practicing without a license or while the individual's license has lapsed;

(v) allowing another person to use the licensee's license to practice mental health technology;

(w) knowingly aiding or abetting another in any act that is a violation of any health care licensing act;

(x) having a mental health technician license from a licensing authority of another state, agency of the United States government, territory of the United States, or country denied, revoked, limited, or suspended or being subject to any other disciplinary action. A certified copy of the record or order of denial, suspension, limitation, revocation, or any other disciplinary action issued by the licensing authority of another state, agency of the United States government, territory of the United States or country shall constitute prima facie evidence of such a fact;

(y) failing to report to the board of nursing any adverse action taken against the licensee by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society, a governmental agency, a law en-

forcement agency, or a court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under this regulation; or

(z) cheating on or attempting to subvert the validity of the examination for a license. (Authorized by K.S.A. 65-4203 and 65-4209; implementing K.S.A. 65-4209; effective, T-88-48, Dec. 16, 1987; effective Sept. 27, 1993; amended Sept. 6, 1994; amended April 20, 2007.)

60-7-108. Inactive license. (a) Before expiration of an active license, a licensed mental health technician may request to be put on inactive status.

(b) The request shall be accompanied by the inactive license fee specified in K.A.R. 60-8-101.

(c) Continuing licensed mental health technician education shall not be required while on inactive status.

(d) The licensee shall remain on inactive status until filing an application and meeting all the requirements for reinstatement. (Authorized by K.S.A. 1999 Supp. 65-4203; implementing K.S.A. 1999 Supp. 65-4205 and K.S.A. 1999 Supp. 65-4208; effective April 26, 1993; amended April 20, 2001.)

60-7-109. Exempt license. (a) An exempt license shall be granted only to a mental health technician who meets these requirements:

(1) Is not regularly engaged in mental health technician practice in Kansas, but is a charitable health care provider as defined by K.S.A. 75-6102 and amendments thereto; and

(2) has been licensed in Kansas for the five years previous to applying for an exempt license.

(b) The expiration date of the exempt license shall be in accordance with K.A.R. 60-12-106.

(c) All applications for renewal of an exempt license shall be submitted upon forms furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-8-101. (Authorized by and implementing K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8; effective April 3, 1998.)

60-7-110. Expiration dates of licenses; applications. (a) The expiration date of licenses for licensed mental health technicians shall be on the last day of December in each even-numbered year.

(b) Applications for initial licensure by examination and for reinstatement while awaiting doc-

umentation of qualifications shall be active for six months.

(1) The expiration date of each application shall be based upon the date of receipt at the agency.

(2) Once the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee as prescribed by K.A.R. 60-8-101. (Authorized by K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8 and K.S.A. 1996 Supp. 74-1106, as amended by L. 1997, Ch. 146, Sec. 5; implementing K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8 and K.S.A. 1996 Supp. 65-4205, as amended by L. 1997, Ch. 146, Sec. 3; effective April 3, 1998.)

60-7-111. Reporting of certain misdemeanor convictions by the licensee. Pursuant to K.S.A. 65-4205 and amendments thereto, each licensee shall report to the board any misdemeanor conviction for any of the following substances or types of conduct:

- (a) Alcohol;
- (b) any drugs;
- (c) deceit;
- (d) dishonesty;
- (e) endangerment of a child or vulnerable adult;
- (f) falsification;
- (g) fraud;
- (h) misrepresentation;
- (i) physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- (j) physical or verbal abuse;
- (k) theft;
- (l) violation of a protection from abuse order or protection from stalking order; or

(m) any action arising out of a violation of any state or federal regulation. (Authorized by K.S.A. 65-4203 and K.S.A. 2007 Supp. 65-4205; implementing K.S.A. 2007 Supp. 65-4205; effective Nov. 7, 2008.)

Article 8.—FEES

60-8-101. Payment of fees. The following fees shall be charged by the board of nursing.

(a) Mental health technician programs.

- (1) Annual renewal of program approval.....\$100.00
- (2) Survey of a new program 200.00
- (3) Application for approval of continuing education providers 200.00

(4)	Annual renewal for continuing education providers	50.00
(b)	Mental health technicians.	
(1)	Licensure by endorsement	50.00
(2)	Application for licensure	50.00
(3)	Examination	20.00
(4)	Biennial renewal of license	60.00
(5)	Application for reinstatement of license without temporary permit	70.00
(6)	Application for reinstatement of license with temporary permit	75.00
(7)	Certified copy of Kansas license	12.00
(8)	Inactive license	10.00
(9)	Verification of licensure	10.00
(10)	Duplicate license	12.00
(11)	Application for exempt license	50.00
(12)	Renewal of exempt license	50.00

(Authorized by K.S.A. 65-4203; implementing K.S.A. 65-4208; effective May 1, 1980; amended May 1, 1983; amended, T-85-49, Dec. 19, 1984; amended May 1, 1985; amended June 3, 1991; amended May 17, 1993; amended May 9, 1994; amended Feb. 6, 1995; amended April 3, 1998; amended July 1, 2001; amended April 20, 2007.)

60-8-102. (Authorized by K.S.A. 65-4201 *et seq.*, 74-1106 *et seq.*; effective May 1, 1979; revoked May 1, 1980.)

Article 9.—CONTINUING EDUCATION FOR NURSES

60-9-101. (Authorized by K.S.A. 1976 Supp. 65-1117; effective Feb. 15, 1977; revoked Sept. 2, 1991.)

60-9-102. (Authorized by and implementing K.S.A. 65-1117; effective Feb. 15, 1977; amended, E-79-8, March 16, 1978; amended May 1, 1979; amended May 1, 1987; revoked Sept. 2, 1991.)

60-9-103. (Authorized by K.S.A. 1976 Supp. 65-1117; effective Feb. 15, 1977; revoked Sept. 2, 1991.)

60-9-104. (Authorized by K.S.A. 1976 Supp. 65-1117; effective Feb. 15, 1977; revoked March 9, 1992.)

60-9-105. Definitions. (a) “Approval” means the act of determining that a providership application or course offering meets applicable standards based on review of either the total program or the individual offering.

(b) “Approved provider” means a person, organization, or institution that is approved by the board and is responsible for the development, ad-

ministration, and evaluation of the continuing nursing education (CNE) program or offering.

(c) “Authorship” means a person’s development of a manuscript for print or a professional paper for presentation. Each page of text, formatted according to the American psychological association’s guidelines, shall equal three contact hours.

(1) Authorship of a manuscript means a person’s development of an original manuscript for a journal article or text accepted by a publisher for statewide or national distribution on a subject related to nursing or health care. Proof of acceptance from the editor or the published work shall be deemed verification of this type of credit. Credit shall be awarded only once per topic per renewal period.

(2) Authorship of a professional research paper means a person’s completion of a nursing research project as principal investigator, co-investigator, or project director and presentation to other health professionals. A program brochure, course syllabus, or letter from the offering provider identifying the person as a presenter shall be deemed verification of this type of credit. Credit shall be awarded only once.

(d) “Behavioral objectives” means the intended outcome of instruction stated as measurable learner behaviors.

(e) “Certificate” means a document that is proof of completion of one or more contact hours.

(f) “Clinical hours” means planned learning experiences in a clinical setting. Three clinical hours equal one contact hour.

(g) “College course” means a class taken through a college or university and meeting the definition of CNE in K.S.A. 65-1117 and amendments thereto. One college credit hour equals 15 contact hours.

(h) “Computer-based instruction” means a learning application that provides computer control to solve an instructional problem or to facilitate an instructional opportunity.

(i) “Contact hour” means 50 minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto.

(j) “Distance learning” means the acquisition of knowledge and skills through information and instruction, encompassing a variety of technologies.

(k) “Independent study” means a self-paced learning activity undertaken by the participant in

an unstructured setting under the guidance of and monitored by an approved provider. This term may include self-study programs, distance learning, and authorship.

(l) "Individual offering approval (IOA)" means a request for approval of an education offering meeting the definition of CNE but not presented by an approved provider or other acceptable approving body.

(m) "In-service education" and "on-the-job training" mean learning activities in the work setting designed to assist the individual in fulfilling job responsibilities. In-service education and on-the-job-training shall not be eligible for CNE credit.

(n) "Offering" means a single CNE learning experience designed to enhance knowledge, skills, and attitudes related to nursing. Each offering shall consist of at least one contact hour.

(o) "Orientation" means formal or informal instruction designed to acquaint employees with the institution and the position. Orientation shall not be considered CNE.

(p) "Program" means an organized effort to achieve overall CNE goals.

(q) "Refresher course" means a course of study providing review of basic preparation and current developments in nursing practice.

(r) "Total program evaluation" means a systematic process by which an approved provider analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions. (Authorized by K.S.A. 2001 Supp. 65-4203; implementing K.S.A. 2001 Supp. 65-1117, K.S.A. 2001 Supp. 65-1119, and K.S.A. 2001 Supp. 65-4205; effective Sept. 2, 1991; amended March 9, 1992; amended April 26, 1993; amended April 3, 1998; amended April 20, 2001; amended Oct. 25, 2002.)

60-9-106. Continuing nursing education for license renewal. (a) At the time of license renewal, each licensee shall submit proof of completion of 30 contact hours of approved continuing nursing education (CNE). This proof shall be documented as specified on the renewal notice and shall include the following:

- (1) Name of CNE offering or college course;
- (2) provider name or name of the accrediting organization;
- (3) provider number or number of the accrediting organization, if applicable;
- (4) offering date; and

(5) number of contact hours.

(b) The required 30 contact hours of approved CNE shall have been completed during the most recent prior licensing period. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) Acceptable continuing nursing education may include any of the following:

(1) An offering presented by an approved long-term or single provider;

(2) an offering as designated in K.S.A. 65-1119(e) and amendments thereto;

(3) an offering for which a licensee has submitted an individual offering approval (IOA). Before licensure renewal, the licensee may submit an application for an IOA to the board, accompanied by the following:

(A) An agenda with behavioral objectives describing learning outcomes; and

(B) official documentation of earned contact hours;

(4) a maximum of 15 contact hours for the first-time preparation and presentation as an instructor of an approved offering to licensed nurses or mental health technicians. Two contact hours of instructor credit shall be granted for each hour of presentation;

(5) an offering utilizing a board-approved curriculum developed by the American heart association, emergency nurses association, or Mandt, which may include the following:

(A) Advanced cardiac life support;

(B) emergency nursing pediatric course;

(C) pediatric advanced life support;

(D) trauma nurse core course;

(E) neonatal resuscitation program; or

(F) Mandt program;

(6) independent study;

(7) distance learning offerings;

(8) a board-approved refresher course;

(9) participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable continuing education contact hours shall be six and shall not exceed three contact hours each year. A letter from an officer of the board confirming the dates of participation shall be accepted as documentation of this type of continuing nursing education; or

(10) any college courses in science, psychology,

sociology, or statistics that are prerequisites for a nursing degree.

(d) Fractions of contact hours over one contact hour shall be accepted.

(e) Contact hours shall not be recognized by the board for any of the following:

(1) Identical offerings completed within a renewal period;

(2) offerings containing the same content as courses that are part of basic preparation at the level of current licensure or certification;

(3) in-service education, on-the-job training, orientation, and institution-specific courses;

(4) an incomplete or failed college course or any college course in literature and composition, public speaking, basic math, algebra, humanities, or other general education requirements unless the course meets the definition of CNE; or

(5) offerings less than one contact hour in length. (Authorized by and implementing K.S.A. 65-1117; effective Sept. 2, 1991; amended April 3, 1998; amended April 20, 2001; amended July 20, 2007.)

60-9-107. Approval of continuing nursing education. (a) Offerings of approved providers shall be recognized by the board.

(1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.

(2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.

(b) Each applicant shall include the following information on the application:

(1)(A) The name and address of the organization; and

(B) the name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization;

(2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (c);

(3) written policies and procedures, including at least the following areas:

(A) Assessing the need and planning for CNE activities;

(B) fee assessment;

(C) advertisements or offering announce-

ments. Published information shall contain the following statement: “(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: _____”;

(D) for long-term providers, the offering approval process as specified in subsection (d);

(E) awarding contact hours, as specified in subsection (e);

(F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);

(G) recordkeeping and record storage, as specified in subsection (h);

(H) notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and

(I) for long-term providers, a copy of the total program evaluation plan; and

(4) the proposed continuing nursing education offering, as specified in subsection (i).

(c) Program coordinator requirements.

(1) Long-term provider. The individual responsible for CNE shall meet these requirements:

(A) Be a licensed professional nurse;

(B) have three years of clinical experience;

(C) have one year of experience in developing and implementing nursing education; and

(D) have a baccalaureate degree, except those individuals exempted under K.S.A. 65-1119(e)(6), and amendments thereto.

(2) Single offering provider. If the offering coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet these requirements:

(A) Be licensed to practice nursing; and

(B) have three years of clinical experience.

(d) For long-term providers, the policies and procedures for the offering approval process shall include the following:

(1) A summary of the planning;

(2) the behavioral objectives;

(3) the content, which shall meet the definition of CNE in K.S.A. 65-1117, and amendments thereto;

(4) the instructor's education and experience, documenting knowledge and expertise in the content area;

(5) a current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both; and

(6) an offering evaluation that includes each participant's assessment of the following:

- (A) The achievement of each objective; and
 - (B) the expertise of each individual presenter.
- (e) An approved provider may award any of the following:

(1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours;

(2) credit for fractions of hours over one contact hour;

(3) instructor credit, which shall be two contact hours for each hour of first-time preparation and presentation of an approved offering, excluding any standardized, prepared curriculum;

(4) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results; or

(5) clinical hours.

(f) Documentation requirements.

(1) Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:

(A) The provider's name, address, provider number, and coordinator;

(B) the date and title of the offering, and the presenter or presenters; and

(C) the participant's name and license number, and the number of contact hours awarded.

(2) Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:

(A) The provider's name, address, provider number, and coordinator;

(B) the participant's name and license number, and the number of contact hours awarded;

(C) the title of the offering;

(D) the date on which the offering was completed; and

(E) either the completion of a posttest or a return demonstration.

(g) Certificates.

(1) A certificate of attendance shall be awarded to each participant after completion of an offering.

(2) Each certificate shall be complete before distribution to the participant.

(3) Each certificate shall contain the following information:

(A) The provider's name, address, and provider number;

(B) the title of the offering;

(C) the date or dates of attendance or completion;

(D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;

(E) the signature of the individual responsible for the providership; and

(F) the name and license number of the participant.

(h)(1) For each offering, the approved provider shall retain the following for two years:

(A) A summary of the planning;

(B) a copy of the offering announcement or brochure;

(C) the title and objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) a bibliography;

(F) a summary of the participants' evaluations;

(G) each instructor's education and experience; and

(H) documentation to verify completion of the offering, as specified in subsection (f).

(2) The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals.

(3) Each approved single offering CNE provider shall submit to the board the original signature roster and a typed, alphabetized roster of individuals who have completed an offering, within 15 working days of course completion.

(i)(1) Long-term provider application. The provider shall submit two proposed offerings, including the following:

(A) A summary of planning;

(B) a copy of the offering announcement or brochure;

(C) the title and behavioral objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) each instructor's education and experience;

(F) a current bibliography, as specified in paragraph (d)(5); and

(G) the offering evaluation form.

(2) Single offering provider application. The provider shall submit the proposed offering, which shall include the information specified in paragraphs (i)(1)(A) through (G).

(j) Approval process.

(1) Long-term provider application. Each prospective coordinator who has submitted an application for a long-term CNE providership that has been reviewed once and found deficient, or has approval pending, shall submit all materials required by this regulation at least two weeks before the next board meeting. If the application does not meet all of the requirements or the prospective coordinator does not contact the board for an extension on or before this deadline, the application process shall be considered abandoned. A new application and fee shall be submitted if a providership is still desired.

(2) Single offering approval application. If the application for a single offering has been reviewed and found deficient, or has approval pending, the CNE coordinator shall submit all materials required by this regulation before the date of offering. If the application does not meet requirements before the offering deadline, the application shall be considered abandoned. There shall be no retroactive approval of single offerings.

(k) Long-term provider annual report.

(1) Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:

(A) An evaluation of all the components of the providership based on the total program evaluation plan;

(B) a statistical summary report; and

(C) for each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (h)(1)(A) through (H).

(2) If approved for the first time after January 1, a new long-term provider shall submit only the statistical summary report and shall not be required to submit the annual fee or evaluation based on the total program evaluation plan.

(l) Relinquished or withdrawn providerships.

(1) If the long-term provider does not renew

the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years.

(2) If a provider does not continue to meet the criteria for current approval established by regulation or if there is a material misrepresentation of any fact with the information submitted to the board by an approved provider, approval may be withdrawn or conditions relating to the providership may be applied by the board after giving the approved provider notice and an opportunity to be heard. These proceedings shall be conducted in accordance with provisions of the Kansas administrative procedures act.

(3) Any approved provider that has voluntarily relinquished the providership or has had the providership withdrawn by the board may reapply as a long-term provider. The application shall be submitted on forms supplied by the board and accompanied by the designated, nonrefundable fee as specified in K.A.R. 60-4-103(a)(3). (Authorized by and implementing K.S.A. 2001 Supp. 65-1117 and K.S.A. 2001 Supp. 65-1119; effective March 9, 1992; amended Sept. 27, 1993; amended April 3, 1998; amended Oct. 25, 2002.)

60-9-109. Exceptions. (Authorized by and implementing K.S.A. 1990 Supp. 65-1117; effective Sept. 2, 1991; revoked Dec. 13, 1996.)

Article 10.—ADVANCED REGISTERED NURSE PRACTITIONERS

60-10-101 to 60-10-105. (Authorized by and implementing K.S.A. 65-1128; effective, E-81-12, May 14, 1980; effective May 1, 1981; revoked May 1, 1984.)

60-10-106. (Authorized by and implementing K.S.A. 65-1119; effective, E-81-12, May 14, 1980; effective May 1, 1981; revoked May 1, 1984.)

60-10-107. (Authorized by and implementing K.S.A. 65-1128; effective, E-81-12, May 14, 1980; effective May 1, 1981; revoked May 1, 1984.)

60-10-108 and 60-10-109. (Authorized by and implementing K.S.A. 65-1117 and 65-1128; effective, E-81-12, May 14, 1980; effective May 1, 1981; revoked May 1, 1984.)

Article 11.—ADVANCED REGISTERED NURSE PRACTITIONERS

60-11-101. Definition of advanced role; limitations; restrictions. (a) An advanced registered nurse practitioner, as defined by K.S.A. 65-1113, and amendments thereto, shall function in an expanded role to provide primary health care to individuals, families, or groups, or some combination of these groups of clients, in a variety of settings, including homes, institutions, offices, industries, schools, community agencies, and private practice. Advanced registered nurse practitioners shall function in a collegial relationship with physicians and other health professionals in the delivery of primary health care services. Advanced registered nurse practitioners shall be authorized to make independent decisions about nursing needs of families and clients, and independent decisions with physicians in carrying out health regimens for families and clients. Advanced registered nurse practitioners shall be directly accountable and responsible to the consumer.

(b) “Primary health care” means the prevention of disease, promotion and maintenance of health, assessment of needs, long-term nursing management of chronic illness, and referral of clients to other resources. The contact between advanced registered nurse practitioner and client may be for an episode of illness, or it may be for continuous health care monitoring.

(c) The physical presence of the physician shall not necessarily be required when care is given by the advanced registered nurse practitioner.

(d) “Prescription order” shall have the meaning set forth in K.S.A. 65-1626, and amendments thereto.

(e) “Prescription” shall have the meaning set forth in K.S.A. 65-1626, and amendments thereto. (Authorized by and implementing K.S.A. 65-1113 and K.S.A. 1999 Supp. 65-1130; effective May 1, 1984; amended March 31, 2000.)

60-11-102. Categories of advanced registered nurse practitioners. The four categories of advanced registered nurse practitioners certified by the board of nursing are: (a) nurse clinician or nurse practitioner;

(b) nurse anesthetist;

(c) nurse-midwife; and

(d) clinical specialist.

(Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

60-11-103. Qualifications of advanced registered nurse practitioners. (a) To be certified as an advanced registered nurse practitioner in any of the categories of advanced practice, as identified in K.A.R. 60-11-102, each applicant shall meet at least one of the following criteria:

(1) Complete a formal, post-basic nursing education program located or offered in Kansas that has been approved by the board and prepares the nurse to function in the advanced role for which application is made;

(2) complete a formal, post-basic nursing education program that is not located or offered in Kansas but is determined by the board to meet the standards for program approval established by K.A.R. 60-11-108;

(3) have completed a formal, post-basic nursing education program that may be no longer in existence but is determined by the board to meet standards at least as stringent as those required for program approval by the board at the time of graduation;

(4) hold a current certificate of authority to practice as an advanced registered nurse practitioner in the category for which application is made and that meets the following criteria:

(A) Was issued by another board of nursing; and

(B) required completion of a program meeting standards equal to or greater than those established by K.A.R. 60-11-108; or

(5) complete a formal educational program of post-basic study and clinical experience that can be demonstrated by the applicant to have sufficiently prepared the applicant for practice in the category of advanced practice for which application is made. The applicant shall show that the curriculum of the program is consistent with public health and safety policy and that it prepared individuals to perform acts generally recognized by the nursing profession as capable of being performed by persons with post-basic education in nursing.

(b) Each applicant for certification as an advanced registered nurse practitioner in a category other than anesthesia or midwifery shall meet one of the following requirements:

(1) Have met one of the requirements of subsection (a) of this regulation before July 1, 1994;

(2) if none of the requirements in subsection (a) of this regulation have been met before July 1, 1994, meet one of the requirements of subsection

(a) of this regulation and hold a baccalaureate or higher degree in nursing; or

(3) if none of the requirements in subsection (a) of this regulation are met before July 1, 2002, meet one of the requirements of subsection (a) of this regulation and hold a master's or higher degree in a clinical area of nursing.

(c) Each applicant for certification as an advanced registered nurse practitioner in the category of anesthesia shall meet one of the following requirements:

(1) Meet one of the requirements of subsection (a) of this regulation before July 1, 2002; or

(2) if none of the requirements in subsection (a) of this regulation are met before July 1, 2002, meet one of the requirements of subsection (a) of this regulation and hold a master's degree.

(d) Each applicant for certification as an advanced registered nurse practitioner in the category of midwifery shall meet one of the following requirements:

(1) Meet one of the requirements of subsection (a) of this regulation before July 1, 2000; or

(2) if none of the requirements in subsection (a) of this regulation are met before July 1, 2000, meet one of the requirements of subsection (a) of this regulation and hold a baccalaureate degree in nursing.

(e) Certification may be granted if an individual has been certified by a national nursing organization whose certification standards have been approved by the board as equal to or greater than the corresponding standards established by the board for obtaining certification to practice as an advanced registered nurse practitioner. National nursing organizations with certification standards that meet this standard shall be identified by the board, and a current list of national nursing organizations with certification standards approved by the board shall be maintained by the board. Any licensee may request that a certification program be considered by the board for approval and, if approved, included by the board on its list of national nursing organization approved certification standards.

(f) Each applicant who completes an advanced registered nurse practitioner program after January 1, 1997 shall have completed three college hours in advanced pharmacology or the equivalent.

(g) Each applicant who completes an advanced registered nurse practitioner program after January 1, 2001 in a category other than anesthesia or

midwifery shall have completed three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

(h) Refresher course. Notwithstanding the provisions of subsections (a) through (f), any applicant for a certificate to practice as an advanced registered nurse practitioner who has not gained 1,000 hours of advanced nursing practice during the five years preceding application shall be required to successfully complete a refresher course as defined by the board. (Authorized by and implementing K.S.A. 65-1130, as amended by L. 1999, Ch. 115, § 1; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended, T-60-11-14-90, Nov. 14, 1990; amended, T-60-3-14-91, March 14, 1991; amended Sept. 2, 1991; amended March 9, 1992; amended Sept. 14, 1992; amended April 26, 1993; amended Sept. 6, 1994; amended Jan. 3, 1997; amended March 31, 2000.)

60-11-104. Functions of the advanced registered nurse practitioner, nurse clinician or nurse practitioner.

Advanced registered nurse practitioners function in the expanded role of nurse clinician or nurse practitioner, at a specialized level, through the application of advanced knowledge and skills. Each nurse clinician or nurse practitioner shall be authorized to: (a) Perform all functions defined for basic nursing practice;

(b) evaluate the physical and psychosocial health status of the client through a comprehensive health history and physical examination, using skills of observation, inspection, palpation, percussion and auscultation, and using diagnostic instruments or laboratory procedures that are basic to the screening of physical signs and symptoms;

(c) assess normal and abnormal findings from the history, physical examination and laboratory reports;

(d) plan, implement and evaluate care;

(e) consult with the client and members of the health care team to provide for acute and ongoing health care or referral of the client;

(f) manage the medical plan of care prescribed for the client, based on protocols or guidelines adopted jointly by the nurse practitioner and the attending physician;

(g) initiate and maintain accurate records, appropriate legal documents and other health and nursing care reports;

(h) develop individualized teaching plans with the client based on overt and covert health needs;

(i) counsel individuals, families and groups about health and illness and promote health maintenance;

(j) recognize, develop and implement professional and community educational programs related to health care;

(k) participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, patient evaluations and outcome of case statistics; and

(l) participate, when appropriate, in the joint review and revision of adopted protocols or guidelines when the advanced registered nurse practitioner is involved in the medical plan of care. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985.)

60-11-104a. Protocol requirements; prescription orders. (a) Each written protocol that an advanced registered nurse practitioner is to follow when prescribing, administering, or supplying a prescription-only drug shall meet the following requirements:

(1) Specify for each classification of disease or injury the corresponding class of drugs that the advanced registered nurse practitioner is permitted to prescribe;

(2) be maintained in either a loose-leaf notebook or a book of published protocols. The notebook or book of published protocols shall include a cover page containing the following data:

(A) The names, telephone numbers, and signatures of the advanced registered nurse practitioner and a responsible physician who has authorized the protocol; and

(B) the date on which the protocol was adopted or last reviewed; and

(3) be kept at the advanced registered nurse practitioner's principal place of practice.

(b) Each advanced registered nurse practitioner shall ensure that each protocol is reviewed by the advanced registered nurse practitioner and physician at least annually.

(c) Each prescription order in written form shall meet the following requirements:

(1) Include the name, address, and telephone number of the practice location of the advanced registered nurse practitioner;

(2) include the name, address, and telephone number of the responsible physician;

(3) be signed by the advanced registered nurse practitioner with the letters A.R.N.P.;

(4) be from a class of drugs prescribed pursuant to protocol; and

(5) contain any D.E.A. registration number issued to the advanced registered nurse practitioner when a controlled substance, as defined in K.S.A. 65-4101(e) and amendments thereto, is prescribed.

(d) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced registered nurse practitioner from conveying a prescription order orally or administering a drug if acting under the lawful direction of a person licensed to practice either medicine and surgery or dentistry, or certified as an advanced registered nurse practitioner.

(e) When used in this regulation, terms shall be construed to have the meanings set forth in the pharmacy act of the state of Kansas, K.S.A. 65-1626, and amendments thereto. (Authorized by and implementing K.S.A. 1999 Supp. 65-1130; effective, T-60-9-12-88, Sept. 12, 1988; effective Feb. 13, 1989; amended May 7, 1990; amended Jan. 3, 1995; amended March 31, 2000.)

60-11-105. Functions of the advanced registered nurse practitioner; nurse-midwife.

An advanced registered nurse practitioner functioning in the expanded role of nurse-midwife shall perform in an interdependent role as a member of a physician-directed health care team, within the framework of mutually adopted protocols or guidelines. Each nurse-midwife shall be authorized to: (a) Be responsible for the management and complete health care of the normal expanding family throughout pregnancy, labor, delivery, and post-delivery care;

(b) participate in individual and group counseling and teaching throughout the childbearing cycle;

(c) participate in well-woman gynecological procedures;

(d) participate in periodic and joint evaluation of services rendered, including chart reviews, case reviews, patient evaluations, and outcome of case statistics; and

(e) participate in the joint review and revision of adopted protocols or guidelines. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-

1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985.)

60-11-106. Functions of the advanced registered nurse practitioner; nurse anesthetist. The functions that may be performed by any advanced registered nurse practitioner functioning in the expanded role of registered nurse anesthetist shall be those functions defined in K.S.A. 65-1158, and amendments thereto. (Authorized by and implementing K.S.A. 65-1113, 65-1130, as amended by L. 1999, ch. 115, § 1; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended March 31, 2000.)

60-11-107. Functions of the advanced registered nurse practitioner; clinical nurse specialist. The primary responsibility of the advanced registered nurse practitioner performing in the expanded role of clinical nurse specialist shall be patient care delivery to a select population in a specialty area. Each clinical nurse specialist shall be authorized to: (a) Provide direct nursing care utilizing a broad base of advanced scientific knowledge, nursing theory and skills in assessing, planning, implementing, and evaluating those aspects of health and nursing care of individuals who require this specialized competence;

(b) provide indirect nursing care. Each clinical nurse specialist shall plan, guide, evaluate and direct the nursing care given by other personnel associated with the nursing functions;

(c) conduct nursing research. Each clinical nurse specialist shall create and test methods of nursing intervention and health care in the area of specialization;

(d) teach and counsel individuals or groups. Each clinical nurse specialist shall utilize theories and skills of communication and teaching learning process to increase the knowledge or functioning of individuals and groups, nursing personnel, students and other members of the health care team;

(e) serve as a consultant, and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient care; and

(f) participate in periodic evaluation of services rendered, including, but not limited to, chart reviews, case reviews, patient evaluations, and outcome of case statistics. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985.)

60-11-108. (Authorized by and implementing K.S.A. 65-1133; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Aug. 6, 1990; amended Sept. 27, 1993; amended Sept. 6, 1994; amended Feb. 16, 1996; revoked March 31, 2000.)

60-11-109. (Authorized by and implementing K.S.A. 65-1128, K.S.A. 1983 Supp. 65-1131; effective May 1, 1984; revoked Feb. 16, 1996.)

60-11-110. (Authorized by and implementing K.S.A. 65-1132; effective April 28, 1983; amended May 1, 1987; revoked Sept. 2, 1991.)

60-11-111. (Authorized by and implementing K.S.A. 1983 Supp. 65-1117; 65-1128; 65-1132; effective May 1, 1984; revoked Sept. 2, 1991.)

60-11-112. (Authorized by and implementing K.S.A. 65-1132; effective Sept. 2, 1991; revoked Feb. 16, 1996.)

60-11-113. Certificate renewal. Advanced registered nurse practitioner certifications shall be renewed on the same biennial cycle as the cycle for the registered professional nurse licensure renewal, as set out in K.A.R. 60-3-108. (Authorized by K.S.A. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 65-1117 and K.S.A. 65-1132; effective Sept. 2, 1991; amended May 9, 1994; amended July 29, 2005.)

60-11-114. (Authorized by K.S.A. 1989 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 1989 Supp. 65-1117 and K.S.A. 65-1132; effective March 9, 1992; revoked Feb. 16, 1996.)

60-11-116. Reinstatement of certification. (a) Any nurse anesthetist whose Kansas ARNP certification has lapsed and who desires to obtain a reinstatement of ARNP certification shall meet the same requirements as those in K.A.R. 60-13-110.

(b) Any nurse practitioner, clinical nurse specialist, or nurse midwife whose Kansas ARNP certification has lapsed may, within five years of its expiration date, reinstate the certification by submitting proof that the applicant has met either of the following requirements:

(1) Obtained 30 hours of continuing nursing education within the preceding two-year period; or

(2) been certified in another jurisdiction and,

while certified in that jurisdiction, has accumulated 1,000 hours of advanced registered nurse practitioner practice within the preceding five-year period.

(c) Any nurse practitioner, clinical nurse specialist, or nurse midwife whose Kansas ARNP certification has lapsed for more than five years beyond its expiration date may reinstate the certification by submitting evidence of having attained either of the following:

(1) A total of 1,000 hours of advanced registered nurse practitioner practice in another jurisdiction within the preceding five-year period and 30 hours of continuing nursing education; or

(2) completion of a refresher course approved by the board. (Authorized by K.S.A. 2000 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 2000 Supp. 65-1117 and K.S.A. 2000 Supp. 65-1132; effective Sept. 2, 1991; amended March 22, 2002.)

60-11-117. (Authorized by K.S.A. 1990 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 1990 Supp. 65-1117 and K.S.A. 65-1132; effective Sept. 2, 1991; revoked Feb. 16, 1996.)

60-11-118. Temporary certification to practice. (a) A temporary permit to practice as an advanced registered nurse practitioner may be issued by the board for a period of not to exceed 180 days to an applicant for certification as an advanced registered nurse practitioner who:

(1) was previously certified in this state; and
(2) is enrolled in a refresher course required by the board for reinstatement of a certification which has lapsed for more than five years.

(b) A one-time temporary permit to practice as an advanced registered nurse practitioner may be issued by the board for a period of not more than 180 days pending completion of the application for a certificate of qualification. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1132, as amended by L. 1992, ch. 135, § 3; effective Sept. 2, 1991; amended April 26, 1993.)

60-11-119. Payment of fees. Payment of fees for advanced registered nurse practitioners shall be as follows:

(a) Initial application for certification	\$50.00
(b) Biennial renewal of certification	60.00
(c) Application for reinstatement of certification without temporary permit	75.00
(d) Application for certificate with temporary permit	100.00
(e) Application for exempt certification	50.00

(f) Renewal of exempt certification 50.00

(Authorized by K.S.A. 65-1131; implementing K.S.A. 65-1118 and 65-1131; effective Sept. 2, 1991; amended May 17, 1993; amended Feb. 6, 1995; amended April 3, 1998; amended July 1, 2001; amended April 20, 2007.)

60-11-120. Expiration dates of certificates; applications. The expiration dates of all certificates and applications shall be in accordance with K.A.R. 60-3-107 and 60-3-108. (Authorized by and implementing K.S.A. 65-1131 and K.S.A. 65-1132; effective April 3, 1998; amended July 29, 2005.)

60-11-121. Exempt certificate. (a) An exempt certificate shall be granted only to an advanced registered nurse practitioner who meets these requirements:

(1) Is not regularly engaged in advanced registered nurse practice in Kansas, but volunteers advanced practice registered nurse services or is a charitable health care provider as defined by K.S.A. 75-6102 and amendments thereto; and

(2)(A) Has been certified in Kansas for the five years previous to applying for an exempt certificate; or

(B) has been licensed, authorized, or certified in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement into Kansas.

(b) The expiration date of the exempt certificate shall be in accordance with K.A.R. 60-3-108.

(c) Each application for renewal of an exempt certificate shall be submitted upon a form furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-11-119. (Authorized by and implementing K.S.A. 65-1131; effective April 3, 1998; amended Oct. 25, 2002; amended July 29, 2005.)

Article 12.—CONTINUING EDUCATION FOR MENTAL HEALTH TECHNICIANS

60-12-101. (Authorized by K.S.A. 74-1106, implementing K.S.A. 65-4207; effective, T-85-49, Dec. 19, 1984; effective May 1, 1985; revoked Sept. 2, 1991.)

60-12-102. (Authorized by K.S.A. 65-4205; effective, T-85-49, Dec. 19, 1984; effective May 1, 1985; revoked Sept. 2, 1991.)

60-12-103. (Authorized by K.S.A. 74-1106, implementing K.S.A. 65-4207; effective, T-85-49,

Dec. 19, 1984; effective May 1, 1985; revoked Sept. 2, 1991.)

60-12-104. Approval of continuing education offerings. Approval of licensed mental health technician continuing education shall be in accordance with K.A.R. 60-9-107. (Authorized by K.S.A. 65-4203, implementing K.S.A. 65-4207; effective, T-85-49, Dec. 19, 1984; effective May 1, 1985; amended Sept. 27, 1993.)

60-12-105. Definitions. Definitions within this article of terms associated with licensed mental health technician continuing education shall be in accordance with K.A.R. 60-9-105. (Authorized by K.S.A. 65-4203; implementing K.S.A. 65-4205 and 65-4207; effective March 9, 1992; amended Sept. 27, 1993.)

60-12-106. License renewal. (a) Each licensee shall submit a renewal application and the renewal fee required under K.A.R. 60-8-101 no later than the last day of December in each even-numbered year.

(b) Each licensed mental health technician shall submit proof of completion of 30 contact hours during the most recent prior licensing period. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next license renewal period. This proof of completion shall be documented as specified on the renewal notice and shall include the following:

- (1) Name of the CNE offering or college course;
- (2) provider name or name of the accrediting organization;
- (3) provider number or number of the accrediting organization, if applicable;
- (4) offering date; and
- (5) number of contact hours.

(c) Any individual attending an offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates to be relevant to the licensee's practice of mental health technology. Each separate offering shall be approved before the licensee submits the license renewal application.

(d) Approval shall not be granted for identical offerings completed within a license renewal period.

(e) Any licensed mental health technician may acquire 30 contact hours of continuing mental

health technician education (CMHTE) from independent study.

(f) Any licensed mental health technician may accumulate 15 contact hours of the required CMHTE from instructor credit. Each presenter shall receive instructor credit only once for preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

(g) Fractions of contact hours may be accepted for offerings over one contact hour. (Authorized by K.S.A. 2000 Supp. 65-4203; implementing K.S.A. 2000 Supp. 65-4205; effective Sept. 2, 1991; amended Feb. 16, 1996; amended Oct. 12, 2001.)

60-12-109. (Authorized by K.S.A. 1990 Supp. 65-4203; implementing K.S.A. 1990 Supp. 65-4207; effective Sept. 2, 1991; revoked Feb. 16, 1996.)

Article 13.—FEES; REGISTERED NURSE ANESTHETIST

60-13-101. Payment of fees. Payment of fees for registered nurse anesthetists shall be as follows:

- | | |
|---|---------|
| (a) Initial application for authorization as a registered nurse anesthetist | \$75.00 |
| (b) Biennial renewal of authorization as a registered nurse anesthetist | 60.00 |
| (c) Application for reinstatement of authorization as a registered nurse anesthetist without temporary permit | 60.00 |
| (d) Application for reinstatement of authorization with temporary permit as a registered nurse anesthetist | 70.00 |
| (e) Initial application with temporary authorization to practice as a registered nurse anesthetist | 110.00 |
| (f) Certified copy of authorization to practice as a registered nurse anesthetist | 20.00 |

This regulation shall be effective on and after July 1, 2001. (Authorized by K.S.A. 65-1164; implementing K.S.A. 2000 Supp. 65-1118; effective, T-87-38, Nov. 19, 1986; effective May 1, 1987; amended May 17, 1993; amended Feb. 6, 1995; amended July 1, 2001.)

60-13-102. Approval procedure. (a) Each institution planning to offer a program in registered nurse anesthesia shall:

- (1) notify the board of nursing and supply such information as the board of nursing may request;
- (2) employ a qualified nurse anesthetist

administrator. The name and qualifications of the administrator of the program shall be submitted to the board of nursing; and

(3) employ a second faculty member.

(b) In addition to the requirements in paragraph (a), each program for registered nurse anesthetists established after July 1, 1988 within the state of Kansas, shall be at the masters level. Upon successful completion of the program requirements, the school shall award the student a masters degree.

(c)(1) Written notification of the board's decision to approve or disapprove the program shall be sent to the institution. The program shall be approved by the board of nursing prior to the admission of students.

(2) Discontinuing a school of nurse anesthesia. Each school terminating its program shall submit a plan to the board for approval. The plan shall provide for students currently enrolled to complete their program and for the disposition of school records.

(3) Out of state programs. Out of state programs preparing registered nurse anesthetists may be approved after board of nursing review. (Authorized by K.S.A. 1986 Supp. 64-1160(b), L. 1987, Ch. 234, Sec. 3; implementing K.S.A. 1986 Supp. 65-1152(b); effective, T-88-48, Dec. 46, 1987; effective May 1, 1988.)

60-13-103. School approval requirements. (a) In order for a school of nurse anesthesia to be approved by the board of nursing, consideration shall be given as to whether the school meets standards II and IV contained in the "standards for accreditation of nurse anesthesia educational programs" of the council on accreditation of nurse anesthesia educational programs, published in 1994 and revised in 1999, which are hereby adopted by reference.

(b) An up-to-date list of approved programs shall be prepared and kept by the board.

(c) A program shall not be approved without the formal action of the board.

(d) Program review.

(1) A program review shall be conducted by the board at least once every five years, or in conjunction with the council on accreditation review cycles.

(2) The school shall submit to the board of nursing for review a copy of a self-study report documenting compliance with the established standards.

(3) Additional information may be requested by the board of nursing to assess the school's compliance with standards.

(4) An on-site visit to the school of nurse anesthesia may be conducted by the board of nursing if there is reason to believe that the program is in violation of the established standards or if the program is placed on public probation by the council on accreditation. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1152, as amended by L. 2001, ch. 161, sec. 8; effective, T-88-48, Dec. 16, 1987; effective May 1, 1988; amended March 22, 2002.)

60-13-104. Exam approval. The standard and content samples of the examination administered by the american association of nurse anesthetists shall be reviewed and approved annually by the board of nursing. (Authorized by K.S.A. 1986 Supp. 65-1152(c), L. 1987, Ch. 234, Sec. 3; implementing K.S.A. 1986 Supp. 65-1152(c); effective, T-88-48, Dec. 16, 1987; effective May 1, 1988.)

60-13-105. (Authorized by K.S.A. 1986 Supp. 65-1159, L. 1987, Ch. 234, Sec. 3; implementing K.S.A. 1986 Supp. 65-1159; effective, T-88-48, Dec. 16, 1987; effective May 1, 1988; revoked Sept. 2, 1991.)

60-13-106. (Authorized by L. 1987, Ch. 234, Sec. 3; implementing K.S.A. 1986 Supp. 65-1153; effective, T-88-48, Dec. 16, 1987; effective May 1, 1988; revoked Sept. 2, 1991.)

60-13-107. (Authorized by L. 1987, Ch. 234, Sec. 3; implementing K.S.A. 1986 Supp. 65-1161; effective, T-88-48, Dec. 16, 1987; effective May 1, 1988; revoked Sept. 2, 1991.)

60-13-108. (Authorized by and implementing K.S.A. 1986 Supp. 65-1155; effective, T-88-48, Dec. 16, 1987; effective May 1, 1988; revoked Sept. 2, 1991.)

60-13-110. Reinstatement of authorization. (a) Any applicant whose Kansas authorization has lapsed may, within five years of its expiration date, reinstate the authorization by submitting proof that the applicant has met either of the following requirements:

(1) Obtained 30 hours of continuing nursing education related to nurse anesthesia within the preceding two-year period; or

(2) been authorized in another jurisdiction and, while authorized in that jurisdiction, has

accumulated 1,000 hours of nurse anesthesia practice within the preceding five-year period.

(b) Any applicant whose Kansas authorization has been lapsed for more than five years beyond its expiration date may reinstate the authorization by submitting evidence of having attained either of the following:

(1) A total of 1,000 hours of nurse anesthesia practice in another jurisdiction within the preceding five-year period and 30 hours of continuing nursing education related to nurse anesthesia within the preceding two-year period; or

(2) satisfactory completion of a refresher course approved by the board. (Authorized by K.S.A. 65-1164; implementing K.S.A. 2000 Supp. 65-1155; effective Sept. 2, 1991; amended May 9, 1994; amended March 22, 2002.)

60-13-111. Continuing education definitions. Continuing education terms shall have the meanings in K.A.R. 60-9-105. (Authorized by K.S.A. 1990 Supp. 65-1164; implementing K.S.A. 1990 Supp. 65-1159; effective Sept. 2, 1991.)

60-13-112. Authorization renewal. (a) Each authorization to practice as a registered nurse anesthetist in Kansas shall be subject to the same biennial expiration dates as those set out in K.A.R. 60-3-108 for the registered professional nurse license in Kansas.

(b) Each individual renewing an authorization shall have completed the required 30 contact hours of approved CNE related to nurse anesthesia during the most recent prior authorization period.

(c) The number of contact hours assigned to any offering that includes a recognized standard curriculum shall be determined by the board.

(d) Any individual attending any offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates as having a relationship to the practice of nurse anesthesia. Each separate offering shall be approved before the individual submits the authorization renewal application.

(e) Approval shall not be granted for identical offerings completed within an authorization renewal period.

(f) Any individual renewing an authorization may accumulate 15 contact hours of the required CNE from instructor credit. Each presenter shall receive instructor credit only once for preparation and presentation of each course. The provider

shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

(g) Fractions of contact hours may be accepted for offerings over one contact hour.

(h) All CNE accumulated for authorization renewal shall also be applicable to the renewal of the registered professional nurse license. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1159 and K.S.A. 65-1164; effective Sept. 2, 1991; amended Feb. 16, 1996; amended Oct. 12, 2001; amended July 29, 2005.)

60-13-113. Approval of registered nurse anesthetist continuing education. Approval of registered nurse anesthetist continuing education shall follow the rules of K.A.R. 60-9-107. (Authorized by K.S.A. 1989 Supp. 65-1164; implementing K.S.A. 1989 Supp. 65-1159; effective March 9, 1992.)

60-13-115. (Authorized by K.S.A. 1990 Supp. 65-1164; implementing K.S.A. 1990 Supp. 65-1159; effective Sept. 2, 1991; revoked Feb. 16, 1996.)

Article 14.—RESERVED

Article 15.—PERFORMANCE OF SELECTED NURSING PROCEDURES IN SCHOOL SETTINGS

60-15-101. Definitions and functions.

(a) Each registered professional nurse in a school setting shall be responsible for the nature and quality of all nursing care that a student is given under the direction of the nurse in the school setting. Assessment of the nursing needs, the plan of nursing action, implementation of the plan, and evaluation of the plan shall be considered essential components of professional nursing practice and shall be the responsibility of the registered professional nurse.

(b) In fulfilling nursing care responsibilities, any nurse may perform the following:

(1) Serve as a health advocate for students receiving nursing care;

(2) counsel and teach students, staff, families, and groups about health and illness;

(3) promote health maintenance;

(4) serve as health consultant and a resource to teachers, administrators, and other school staff who are providing students with health services during school attendance hours; and

(5) utilize nursing theories, communication skills, and the teaching-learning process to function as part of the interdisciplinary evaluation team.

(c) The services of a registered professional nurse may be supplemented by the delegation of selected nursing tasks or procedures to unlicensed personnel under supervision by the registered professional nurse.

(d) "Unlicensed person" means anyone not licensed as a registered professional nurse or licensed practical nurse.

(e) "Delegation" means authorization for an unlicensed person to perform selected nursing tasks or procedures in the school setting under the direction of a registered professional nurse.

(f) "Activities of daily living" means basic caretaking or specialized caretaking.

(g) "Basic caretaking" means the following tasks:

- (1) Bathing;
- (2) dressing;
- (3) grooming;
- (4) routine dental, hair, and skin care;
- (5) preparation of food for oral feeding;
- (6) exercise, excluding occupational therapy and physical therapy procedures;
- (7) toileting, including diapering and toilet training;
- (8) handwashing;
- (9) transferring; and
- (10) ambulation.

(h) "Specialized caretaking" means the following procedures:

- (1) Catheterization;
- (2) ostomy care;
- (3) preparation and administration of gastrostomy tube feedings;
- (4) care of skin with damaged integrity or potential for this damage;
- (5) medication administration; and
- (6) performance of other nursing procedures as selected by the registered professional nurse.

(i) "Anticipated health crisis" means that a student has a previously diagnosed condition that, under predictable circumstances, could lead to an imminent risk to the student's health.

(j) "Investigational drug" means a drug under study by the United States food and drug administration to determine safety and efficacy in humans for a particular indication.

(k) "Nursing judgment" means the exercise of knowledge and discretion derived from the bio-

logical, physical, and behavioral sciences that requires special education or curriculum.

(l) "School attendance hours" means those hours of attendance as defined by the local educational agency or governing board.

(m) "School setting" means any public or non-public school learning environment during regular school attendance hours.

(n) "Supervision" means the provision of guidance by a nurse as necessary to accomplish a nursing task or procedure, including initial direction of the task or procedure and periodic inspection of the actual act of accomplishing the task or procedure.

(o) "Medication" means any drug required by the federal or state food, drug, and cosmetic acts to bear on its label the legend "Caution: Federal law prohibits dispensing without prescription," and any drugs labeled as investigational drugs or prescribed for investigational purposes.

(p) "Task" means an assigned step of a nursing procedure.

(q) "Procedure" means a series of steps followed in a regular, specific order that is part of a defined nursing practice. (Authorized by and implementing K.S.A. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended July 29, 2005.)

60-15-102. Delegation procedures. Each registered professional nurse who delegates nursing tasks or procedures to a designated unlicensed person in the school setting shall comply with the following requirements.

(a) Each registered professional nurse shall perform the following:

- (1) Assess each student's nursing care needs;
- (2) formulate a plan of care before delegating any nursing task or procedure to an unlicensed person; and

(3) formulate a plan of nursing care for each student who has one or more long-term or chronic health conditions requiring nursing interventions.

(b) The selected nursing task or procedure to be delegated shall be one that a reasonable and prudent nurse would determine to be within the scope of sound nursing judgment and that can be performed properly and safely by an unlicensed person.

(c) Any designated unlicensed person may perform basic caretaking tasks or procedures as de-

financed in K.A.R. 60-15-101(b) without delegation. After assessment, a nurse may delegate specialized caretaking tasks or procedures as defined in K.A.R. 60-15-101(b) to a designated unlicensed person.

(d) The selected nursing task or procedure shall be one that does not require the designated unlicensed person to exercise nursing judgment or intervention.

(e) When an anticipated health crisis that is identified in a nursing care plan occurs, the unlicensed person may provide immediate care for which instruction has been provided.

(f) The designated unlicensed person to whom the nursing task or procedure is delegated shall be adequately identified by name in writing for each delegated task or procedure.

(g) The registered professional nurse shall orient and instruct unlicensed persons in the performance of the nursing task or procedure. The registered professional nurse shall document in writing the unlicensed person's demonstration of the competency necessary to perform the delegated task or procedure. The designated unlicensed person shall co-sign the documentation indicating the person's concurrence with this competency evaluation.

(h) The registered professional nurse shall meet these requirements:

(1) Be accountable and responsible for the delegated nursing task or procedure;

(2) at least twice during the academic year, participate in joint evaluations of the services rendered;

(3) record services performed; and

(4) adequately supervise the performance of the delegated nursing task or procedure in accordance with the requirements of K.A.R. 60-15-103 of this article. (Authorized by and implementing K.S.A. 1997 Supp. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998.)

60-15-103. Supervision of delegated tasks or procedures. Each registered professional or licensed practical nurse shall supervise all nursing tasks or procedures delegated to a designated unlicensed person in the school setting in accordance with the following conditions.

(a) The registered professional nurse shall determine the degree of supervision required after

an assessment of appropriate factors, including the following:

(1) The health status and mental and physical stability of the student receiving the nursing care;

(2) the complexity of the task or procedure to be delegated;

(3) the training and competency of the unlicensed person to whom the task or procedure is to be delegated; and

(4) the proximity and availability of the registered professional nurse to the designated unlicensed person when the selected nursing task or procedure will be performed.

(b) The supervising registered professional nurse may designate whether or not the nursing task or procedure is one that may be delegated or supervised by a licensed practical nurse.

(c) Each delegating registered professional nurse shall have a plan to provide nursing care when the delegating nurse is absent. (Authorized by and implementing K.S.A. 1997 Supp. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998.)

60-15-104. Medication administration in a school setting. Any registered professional nurse may delegate the procedure of medication administration in a school setting only in accordance with this article.

(a) Any registered professional nurse may delegate the procedure of medication administration in a school setting to unlicensed persons if all of the following conditions are met:

(1) The initial dose of a medication has been previously administered to the student, unless the medication is ordered for an anticipated health crisis.

(2) The administration of the medication does not require dosage calculation. Measuring a prescribed amount of liquid medication or breaking a scored tablet for administration shall not be considered calculation of the medication dosage.

(3) The nursing care plan requires administration by accepted methods of administration other than those listed in subsection (b).

(b) The registered professional nurse shall not delegate the procedure of medication administration in a school setting to unlicensed persons when administered by any of these means:

(1) By intravenous route;

(2) by intramuscular route, except when administered in an anticipated health crisis;

(3) through intermittent positive-pressure breathing machines; or

(4) through any tube inserted into the body, except through an established feeding tube directly inserted into the abdomen. (Authorized by and implementing K.S.A. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended July 29, 2005.)

Article 16.—INTRAVENOUS FLUID THERAPY FOR LICENSED PRACTICAL NURSE

60-16-101. Definitions. (a) “Administration of intravenous fluid therapy” means utilization of the nursing process to deliver the therapeutic infusion or injection of substances through the venous system.

(b) “Admixing” means the addition of a diluent to a medication or a medication to an intravenous solution.

(c) “Calculating” means the mathematical determination of the flow rate and medication dosages.

(d) “Competency examination” means a written examination and demonstration of mastery of clinical components of intravenous fluid therapy.

(e) “Discontinuing” means stopping the intravenous flow or removing the intravenous access device, or both, based on an authorized order or nursing assessment.

(f) “Evaluating” means ongoing analysis of the monitored patient response to the prescribed intravenous therapy for determination of the appropriate patient outcomes.

(g) “Initiating” means the starting of intravenous therapy based on an authorized order by a licensed individual. Initiating shall include the following:

- (1) The patient assessment;
- (2) selection and preparation of materials;
- (3) calculation; and
- (4) insertion and stabilization of the cannula.

(h) “Intravenous push” means direct injection of medication into the venous circulation.

(i) “Maintaining” means adjusting the control device for continuance of the prescribed intravenous therapy administration rate.

(j) “Monitoring” means the ongoing assessment, observation, and communication of each patient’s response to prescribed intravenous ther-

apy. The infusion equipment, site, and flow rate shall be included in the monitoring process.

(k) “Titration of medication” means an adjustment of the dosage of a medication to the amount required to bring about a given reaction in the individual receiving the medication. (Authorized by and implementing K.S.A. 2001 Supp. 65-1136; effective Nov. 21, 1994; amended June 12, 1998; amended Oct. 29, 1999; amended June 14, 2002.)

60-16-102. Scope of practice for licensed practical nurse performing intravenous fluid therapy. (a) A licensed practical nurse under the supervision of a registered professional nurse may engage in a limited scope of intravenous fluid treatment, including the following:

- (1) Monitoring;
- (2) maintaining;
- (3) discontinuing intravenous flow and an intravenous access device not exceeding three inches in length in peripheral sites only; and
- (4) changing dressings for intravenous access devices not exceeding three inches in length in peripheral sites only.

(b) Any licensed practical nurse who has met one of the requirements under K.S.A. 65-1136, and amendments thereto, may perform, in addition to the functions specified in subsection (a) of this regulation, the following procedures relating to the expanded administration of intravenous fluid therapy under the supervision of a registered professional nurse:

- (1) Calculating;
- (2) adding parenteral solutions to existing patent central and peripheral intravenous access devices or administration sets;
- (3) changing administration sets;
- (4) inserting intravenous access devices that meet these conditions:
 - (A) Do not exceed three inches in length; and
 - (B) are located in peripheral sites only;
- (5) adding designated premixed medications to existing patent central and peripheral intravenous access devices or administration sets either by continuous or intermittent methods;
- (6) maintaining the patency of central and peripheral intravenous access devices and administration sets with heparin or normal saline;
- (7) changing dressings for central venous access devices;
- (8) administering continuous intravenous drip analgesics and antibiotics; and
- (9) performing the following procedures in any

facility having continuous on-site registered professional nurse supervision:

(A) Admixing intravenous medications; and
(B) administering by direct intravenous push analgesics, antibiotics, antiemetics, diuretics, and corticosteroids.

(c) A licensed practical nurse shall not perform any of the following:

(1) Administer any of the following by intravenous route:

(A) Blood and blood products, including albumin;

(B) investigational medications;

(C) anesthetics, antianxiety agents, biological therapy, serums, hemostatics, immunosuppressants, muscle relaxants, human plasma fractions, oxytocics, sedatives, tocolytics, thrombolytics, anticonvulsants, cardiovascular preparations, anti-neoplastics agents, hematopoietics, autonomic drugs, and respiratory stimulants;

(D) intravenous fluid therapy in the home health setting, with the exception of the approved scope of practice authorized in subsection (a); or

(E) intravenous fluid therapy to any patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of the approved scope of practice authorized in subsection (a);

(2) initiate total parenteral nutrition or lipids;

(3) titrate medications;

(4) draw blood from a central intravenous access device;

(5) remove a central intravenous access device or any intravenous access device exceeding three inches in length; or

(6) access implantable ports for any purpose.

(d) Licensed practical nurses qualified by the board before June 1, 2000 may perform those activities listed in subsection (a) and paragraph (b)(9)(A) regardless of their intravenous therapy course content on admixing.

(e) This regulation shall limit the scope of practice for each licensed practical nurse only with respect to intravenous fluid therapy and shall not restrict a licensed practical nurse's authority to care for patients receiving this therapy. (Authorized by and implementing K.S.A. 2001 Supp. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended June 12, 1998; amended Oct. 29, 1999; amended Jan. 24, 2003.)

60-16-103. Course approval procedure.

(a) Each person desiring to obtain approval for an

intravenous (IV) fluid therapy course shall submit a proposal to the board.

(b) The proposal shall contain the following:

(1) The name and qualifications of the coordinator;

(2) the name and qualifications of each faculty member of the course;

(3) the mechanism through which the provider will determine that each licensed practical nurse seeking to take the course meets the admission requirements;

(4) a description of the educational and clinical facilities that will be utilized;

(5) the outline of the classroom and clinical curricula, including time segments;

(6) the methods of student evaluation that will be used, including a copy of the final written competency examination and the final clinical competency examination; and

(7) if applicable, a request for continuing education approval meeting the following criteria:

(A) For each long-term provider, the IV therapy course provider number shall be printed on the certificates and the course roster, along with the long-term provider number.

(B) For each single program provider, the single program application shall be completed. There shall be no cost to this provider for the initial single offering providership.

(c) Continuing education providers shall award at least 32 contact hours to each LPN who completes the course. Continuing education providers may award 20 contact hours, one time only, to each RN who completes the course.

(d) After initial approval, each change in the course shall be provided to the board for approval before the change is implemented.

(e) (1) All IV fluid therapy course providers shall submit to the board an annual report for the period of July 1 through June 30 of the respective year that includes the total number of licensees taking the intravenous fluid therapy course, the number passing the course, and the number of courses held.

(2) The single program providership shall be effective for two years and may be renewed by submitting the single offering provider application and by paying the fee specified in K.A.R. 60-4-103(a)(5). Each single program provider who chooses not to renew the providership shall notify the board in writing of the location at which the rosters and course materials will be accessible to the board for three years.

(3) Each long-term provider shall submit the materials outlined in subsection (b) with the five-year long-term provider renewal.

(f) If a course does not meet or continue to meet the criteria for approval established by the board or if there is a material misrepresentation of any fact with the information submitted to the board by a provider, approval may be withheld, made conditional, limited, or withdrawn by the board after giving the provider notice and an opportunity to be heard. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 14, 2002; amended July 29, 2005.)

60-16-104. Standards for course; competency examination; recordkeeping. (a) The purpose of the intravenous fluid therapy course shall be to prepare licensed practical nurses to perform safely and competently the activities as defined in K.A.R. 60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

(b) The course shall meet both of the following conditions:

(1) Consist of at least 30 hours of instruction; and

(2) require a minimum of eight hours of supervised clinical practice, which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality on an individual.

(c) To be eligible to enroll in an intravenous fluid therapy course, the individual shall be a nurse with a current license.

(d) The intravenous therapy course coordinator shall meet the following conditions:

(1) Be licensed as a registered professional nurse;

(2) be responsible for the development and implementation of the intravenous fluid therapy course; and

(3) have experience in intravenous fluid therapy and knowledge of the intravenous therapy standards.

(e) Faculty qualifications.

(1) Each primary faculty member shall meet the following conditions:

(A) Be currently licensed to practice as a registered professional nurse in Kansas;

(B) have clinical experience within the past five years that includes intravenous fluid therapy; and

(C) maintain competency in intravenous fluid therapy.

(2) Each guest lecturer shall have professional preparation and qualifications for the specific subject area in which that individual instructs.

(f) (1) Each classroom shall contain sufficient space, equipment, and teaching aids to meet the course objectives.

(2) The facility in which clinical practice and the competency examination are conducted shall allow the students and faculty access to the intravenous fluid therapy equipment and intravenous fluid therapy recipients, and to the pertinent records for the purpose of documentation.

(3) There shall be a signed, written agreement between the provider and a cooperating health care facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement shall not be required if the only health care facility to be used is also the provider.

(g) The only board-approved intravenous fluid therapy curriculum shall be the "venous access and intravenous infusion treatment modalities," 2003 revision, published by the instructional materials laboratory, University of Missouri-Columbia, which is hereby adopted by reference, with the following modifications:

(1) Throughout the adopted curriculum, the following words and phrases shall be replaced as indicated:

(A) "Missouri Rule 4 CSR 200-6.010" shall be replaced with "K.A.R. 60-16-102."

(B) "Missouri" shall be replaced with "Kansas."

(C) "Rule 4 CSR 200-6.010" shall be replaced with "K.A.R. 60-16-102."

(D) "Missouri Rule 4 CSR 200-3.100" shall be replaced with "K.A.R. 60-16-104."

(E) "Missouri Nursing Practice Act" shall be replaced with "Kansas nurse practice act."

(2) The following portions of the adopted curriculum shall be deleted:

(A) Pages xiii through xxviii;

(B) on page 2, the text titled "Supplementary teaching/learning items";

(C) page 5 through the text labeled IV. B on page 12, except III. C, "Course Objectives," on pages 6 through 8;

(D) on page 12, the phrase "Section 335.017 of";

(E) pages 21 through 58;

(F) on page 522, the word "CAUTION:" and the sentence that immediately follows this word;

(G) page 606;

(H) on page 627, the portions of the outline labeled “I” and “II”;

(I) on page 629, question number one under “Interaction items”;

(J) on page 631, question number one under “Evaluation items”;

(K) pages 705 through 746; and

(L) the last three pages of the curriculum titled “student competency record,” “clinical competencies checklist,” and “certificate form.”

(h) Written and clinical competency examination standards.

(1) (A) The final written competency examination shall be constructed from the board-approved pool of test questions and shall be based on the board-approved test plan.

(B) The final written competency examination shall consist of a minimum of 50 questions and shall require a passing grade of 80 percent or above.

(2) The final clinical competency examination shall require successful completion of the procedures on the board-approved competency checklist, which shall include the following procedures: preparation for the insertion of an intravenous line, insertion of an intravenous access device, conversion of a peripheral catheter to an intermittent infusion device, calculation of the infusion flow rate, changing an intravenous fluid container, changing administration set tubing, care of the infusion site, flushing an intermittent infusion device, discontinuance of an intravenous infusion, administration of intravenous medication including both piggyback administration and direct injection, and admixing intravenous medications.

(i) Records.

(1) The faculty shall complete the final record sheet, which shall include competencies and scores.

(2) The intravenous fluid therapy course coordinator shall perform the following:

(A) Award a certificate to each licensed nurse documenting successful completion of both the final written competency examination and the final clinical competency examination;

(B) submit to the board, within 60 days, a typed, alphabetized roster listing the name and license number of each individual who has successfully completed the course and the date of completion. The coordinator shall ensure that each roster meets the following requirements:

(i) RN and LPN participants shall be listed on separate rosters; and

(ii) the roster shall include the provider name and address, the single or long-term provider number, the IV therapy course provider number, and the signature of the coordinator; and

(C) maintain the records of each individual who has successfully completed the course for a period of at least five years. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended Oct. 29, 1999; amended April 20, 2001; amended June 14, 2002; amended July 29, 2005.)

60-16-105. Advisory committee.

(a) There shall be a committee established to assist in the review and revision of rules and regulations governing licensed practical nurses and intravenous fluid therapy.

(b) The committee shall include at least the following members:

(1) two board members, one who shall chair the committee; and

(2) five non-board members who shall be:

(A) a licensed practical nurse who practices intravenous fluid therapy;

(B) a registered professional nurse executive;

(C) a provider of an intravenous fluid therapy educational course who is a registered professional nurse;

(D) a nurse certified in intravenous fluid therapy by the intravenous nurse association; and

(E) an academic educator who is a registered professional nurse. (Authorized by and implementing L. 1994, Chap. 218, § 1; effective Nov. 21, 1994.)

Article 17.—ADVANCED NURSING EDUCATION PROGRAM

60-17-101. Definitions.

(a) An “advanced nursing education program” may be housed within a part of any of the following organizational units within an academic institution:

(1) A college;

(2) a school;

(3) a division;

(4) a department; or

(5) an academic unit.

(b) “Affiliating agency” means an agency that cooperates with the advanced nursing education program to provide clinical facilities and resources for selected student experiences.

(c) “Clinical learning” means an active process in which the student participates in advanced

nursing activities while being guided by a member of the faculty.

(d) "Contractual agreement" means a written contract or letter signed by the legal representatives of the advanced nursing education program and the affiliating agency.

(e) "Preceptor" means an advanced registered nurse practitioner or physician who provides clinical supervision for advanced registered nurse practitioner students as a part of nursing courses taken during the advanced nursing education program.

(f) "Satellite program" means an existing, accredited advanced nursing education program provided at a location geographically separate from the parent program. The students may spend a portion or all of their time at the satellite location. The curricula in all locations shall be the same, and each credential shall be conferred by the parent institution.

(g) "Transfer student" means an individual who is permitted to apply advanced nursing courses completed at another institution to a different advanced nursing education program of study. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000.)

60-17-102. Requirements for initial approval. (a) Each hospital and agency serving as an affiliating agency and providing facilities for clinical experience shall be licensed or accredited by the appropriate credentialing groups.

(b) (1) The advanced nursing education program or the institution of which it is a part shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide the financial support for the advanced nursing education program.

(2) Authority and responsibility for administering the advanced nursing education program shall be vested in the nurse administrator of the advanced nursing education program.

(c) Each new advanced nursing education program shall submit, at least 60 days before a scheduled board meeting, an initial application, which shall include all of the following:

(1) The course of study and credential to be conferred;

(2) the rationale for the establishment of the program;

(3) the potential effect on other advanced nursing programs in the area;

(4) the name and title of the nurse administrator of the advanced nursing education program;

(5) the name of the controlling body;

(6) the name and title of the administrator for the controlling body;

(7) the organizational chart;

(8) all sources of financial support, including a three-year budget;

(9) a proposed curriculum, indicating the total number of hours of both theoretical and clinical instruction;

(10) the program objectives or outcomes;

(11) the number, qualifications, and assignments of faculty;

(12) the faculty policies;

(13) the admission requirements;

(14) a copy of the current school bulletin or catalog;

(15) a description of clinical facilities and client census data;

(16) contractual agreements by affiliating agencies for clinical facilities, signed at least three months before the first date on which students may enroll;

(17) the program evaluation plan; and

(18) a proposed date of initial admission of students to the program.

(d) Each advanced nursing education program shall be surveyed for approval by the board, with the exception of nurse anesthesia programs, as determined by K.A.R. 60-13-103(d)(4).

(1) During a survey, the nurse administrator of the program shall make available all of the following:

(A) Administrators, prospective faculty and students, affiliating agencies, representatives, preceptors, and support services personnel to discuss the advanced nursing education program;

(B) minutes of faculty meetings;

(C) faculty and student handbooks;

(D) policies and procedures;

(E) curriculum materials;

(F) a copy of the advanced nursing education program's budget; and

(G) affiliating agency contractual agreements.

(2) The nurse administrator of the advanced nursing education program or designated personnel shall take the survey team to inspect the nursing educational facilities, including satellite program facilities and library facilities.

(3) Upon completion of the survey, the nurse administrator shall be asked to correct any inaccurate statements contained in the survey report,

limiting these comments to errors, unclear statements, or omissions.

(e) Each institution contemplating the establishment of an advanced nursing education program shall be surveyed and accredited by the board before the admission of students.

(f) If an advanced nursing education program fails to meet the requirements of the board within a designated period of time, the program shall be notified by the board's designee of the board's intent to deny approval. This notification shall be made pursuant to K.S.A. 77-512, and amendments thereto, and shall inform the program of its right to a hearing pursuant to the Kansas administrative procedures act. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)

60-17-103. Reapproval requirements.

(a) Based on the annual report required by K.A.R. 60-17-109, each advanced nursing education program shall be reviewed for reapproval by the board every two years.

(b) Each advanced nursing education program shall be resurveyed every five to 10 years.

(1) A survey may be conducted if there is consistent evidence indicating deficiencies in meeting requirements.

(2) A survey of each nurse anesthesia program shall be conducted as required by K.A.R. 60-13-103(d)(4).

(3) If the program is accredited by a national nursing accreditation agency, the resurvey visit may be made in coordination with a national nursing accreditation agency visit. Each program without national nursing accreditation shall be resurveyed every five years.

(c) The nurse administrator of each advanced nursing education program shall make available all of the following information during a survey:

(1) Data about the program, including the following:

(A) The number of students;
(B) the legal body responsible for establishing program policies and for support of the program;
(C) an organizational chart; and
(D) a description of the budgetary process;

(2) a description of the nurse administrator's responsibilities;

(3) information about the faculty and preceptors, including the following:

(A) A description of the responsibilities of each position;

(B) the selection policies;

(C) the orientation plan;

(D) faculty organization by-laws; and

(E) the number of full-time and part-time faculty and nonnursing faculty with academic credentials and assignments;

(4) the faculty degree plan;

(5) a copy of the current curriculum with the date of last revision;

(6) a description of education facilities, including classrooms, offices, library, and computers;

(7) a list of clinical facilities;

(8) the number of students enrolled; and

(9) policies for students as listed in K.A.R. 60-2-107.

(d) During a survey, the nurse administrator of the advanced nursing education program shall make available all of the following:

(1) Educational institution administrators, faculty, support services personnel, preceptors, and students;

(2) staff at selected clinical facilities;

(3) faculty minutes for at least the previous three years;

(4) faculty and student handbooks;

(5) student records;

(6) policies and procedures;

(7) curriculum materials;

(8) a copy of the advanced nursing education program's budget; and

(9) affiliating agency contractual agreements.

(e) The nurse administrator of the advanced nursing education program or designated personnel shall take the survey team to the nursing educational facilities, including satellite program facilities, library facilities, and affiliating or clinical facilities.

(f) Upon completion of the survey, the nurse administrator shall correct any inaccurate statements contained in the survey report, limiting these comments to errors, unclear statements, or omissions.

(g) If an advanced nursing education program fails to meet requirements of the board within a designated period of time, the program shall be notified by the board's designee of the board's intent to deny reapproval. This notification shall be made pursuant to K.S.A. 77-512, and amendments thereto, and shall inform the program of its right to a hearing pursuant to the Kansas administrative procedures act. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)

60-17-104. Faculty and preceptor qualifications. (a) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(b) Each preceptor shall be licensed or certified in the state in which the preceptor is currently practicing. Each preceptor shall complete a preceptor orientation that includes information about the pedagogical aspects of the student-preceptor relationship.

(c) For advanced nursing education programs in the category of nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The nurse administrator who is responsible for the development and implementation of the advanced nursing education program shall have had experience in administration or teaching and shall have a graduate degree.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree.

(3) Each nurse faculty member responsible for clinical instruction shall possess a certificate as an advanced registered nurse practitioner and a graduate degree.

(d) For advanced nursing education programs in any category other than nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The nurse administrator who is responsible for the development and implementation of the advanced nursing education program shall have had experience in administration or teaching and shall have a graduate degree in nursing.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree. Any person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

(3) Each nurse faculty member responsible for coordinating clinical instruction shall possess a certificate as an advanced registered nurse practitioner in the category for which clinical instruction is provided and shall have a graduate degree. Any person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

(4) Each preceptor or adjunct faculty shall be certified as an advanced registered nurse practitioner or shall be licensed as a physician in the

state in which the individual is currently practicing. Each preceptor shall complete a preceptor orientation including information about the pedagogical aspects of the student-preceptor relationship.

(e) The nonnursing faculty of each advanced nursing education program shall have graduate degrees in the area of expertise.

(f) The nurse administrator of each advanced nursing education program shall submit to the board a faculty qualification report for each faculty member who is newly employed by the program. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)

60-17-105. Curriculum requirements.

(a) The faculty in each advanced nursing education program shall fulfill these requirements:

(1) Identify the competencies of the graduate for each category of advanced nursing practice for which the program provides instruction;

(2) determine the approach and content for learning experiences;

(3) direct clinical instruction as an integral part of the program; and

(4) provide for learning experiences of the depth and scope needed to fulfill the objectives or outcomes of advanced nursing courses.

(b) The curriculum in each advanced nursing education program shall include all of the following:

(1) Role alignment related to the distinction between practice as a registered professional nurse and the expanded role of an advanced registered nurse practitioner as set out in K.A.R. 60-11-101;

(2) theoretical instruction in the category or categories of advanced nursing practice for which the program provides instruction;

(3) the health care delivery system;

(4) the ethical and legal implications of advanced nursing practice;

(5) three college hours in advanced pharmacology or the equivalent;

(6) three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent for certification as an advanced registered nurse practitioner in a category other than nurse anesthesia and nurse midwifery;

(7) if completing an advanced registered nurse practitioner program after July 1, 2009, three college hours in advanced pathophysiology or its

equivalent and three college hours in advanced health assessment or its equivalent; and

(8) clinical instruction in the area of specialization, which shall include the following:

(A) Performance of or ordering diagnostic procedures;

(B) evaluation of diagnostic and assessment findings; and

(C) the prescription of medications and other treatment modalities for client conditions.

(c) Minimum length of program.

(1) The program shall consist of nine months of study or one academic year of full-time study or its equivalent, as defined by the sponsoring academic institution.

(2) The clinical component shall consist of at least 260 hours of clinical learning. After January 1, 2003, the clinical component shall consist of at least 500 hours of clinical learning. After July 1, 2009, the clinical component shall consist of at least 500 hours of clinical learning in each clinical track, or the program shall provide documentation of the overlap if any clinical track consists of less than 500 clinical hours.

(d) The nurse administrator shall meet the following requirements:

(1) Develop and implement a written plan for program evaluation; and

(2) submit any major revision to the curriculum of advanced nursing courses for board approval at least 30 days before a meeting of the board. The following shall be considered major revisions to the curriculum:

(A) Any significant change in the plan of curriculum organization; and

(B) any change in content.

(e) The nurse administrator shall submit all revisions that are not major revisions, as defined in paragraph (d)(2), to the board or the board's designee for approval. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)

60-17-106. Clinical resources. (a) Each advanced nursing education program shall have appropriate written contractual agreements with each affiliating agency. Each signed contract shall be kept on file in the advanced nursing education program office.

(b) Clinical learning experiences and sites shall be selected to provide learning opportunities necessary to achieve the advanced nursing education program objectives or outcomes.

(c) Faculty shall facilitate and evaluate student learning experiences in the clinical area.

(d) Preceptors shall be responsible for assessing performance in the clinical setting.

(e) The advanced nursing education program shall provide verification that each agency used for clinical instruction has clinical facilities that are adequate for the number of students served in terms of space, equipment, and other necessary resources, including an adequate number of patients or clients necessary to meet the program objectives or outcomes.

(f) The advanced nursing education program shall contract with an adequate number of appropriate affiliating agencies so that there will be appropriate clinical experiences to meet curriculum objectives or outcomes. The advanced nursing education program faculty shall provide the affiliating agency staff with the organizing curriculum framework and either the objectives or outcomes for that clinical learning experience. A sufficient number and variety of patients representing appropriate age groups shall be available to provide learning experiences to meet curriculum objectives or outcomes. If more than one advanced nursing education program uses the same affiliating agency, each advanced nursing education program shall document the availability of appropriate learning experiences for all of its students. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000.)

60-17-107. Educational facilities. (a) Classrooms, laboratories, and conference rooms shall be available at the time needed and shall be adequate in size, number, and type, according to the number of students and the educational purposes for which the rooms are to be used.

(b) The advanced nursing education program shall provide all of the following:

(1) A physical facility that is safe and conducive to learning;

(2) space that is available and adequate in size, amount, and type to provide faculty with privacy in counseling students;

(3) secured space for nursing student records; and

(4) student support services for distance learning if distance learning is provided.

(c) Library holdings, instructional media, and materials shall be of sufficient recency, pertinence, level of content, and quantity as indicated by the curriculum to meet the needs of nursing

students and faculty and shall be available to distance learning students. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)

60-17-108. Student policies. Each advanced nursing education program shall have clearly defined written policies for all of the following:

- (a) Admission, including a requirement that each student in the program must have a current license to practice as a registered professional nurse in the United States or any of its territories;
- (b) transfer students;
- (c) readmission;
- (d) counseling and guidance;
- (e) progression criteria;
- (f) student representation in faculty governance; and
- (g) graduation. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)

60-17-109. Reports. (a) Each advanced nursing education program shall submit an annual report to the board on or before June 15 of each year, which shall include all of the following data:

- (1) Any changes in program policies, the organizing framework for the curriculum, and program objectives or outcomes;
- (2) a description of faculty responsibilities for required advanced nursing courses;
- (3) the name, license number, academic credentials, employment date, and full- or part-time status of each member of the program faculty;
- (4) the name, license number, academic credentials, professional experience, and place of practice for each preceptor;
- (5) a description of the nurse administrator's teaching responsibilities;
- (6) the name and address of each affiliating agency;
- (7) student enrollment, retention, and graduation statistics;
- (8) faculty hiring, retention, and separation statistics;
- (9) the total number of library holdings and the number of holdings regarding nursing;
- (10) for the most recent year, either a list of new library and audiovisual acquisitions or the budget spent on library and audiovisual acquisitions;
- (11) a response to the recommendations and requirements identified by the board based on the

program's last annual report or the last survey visit; and

- (12) any proposed changes to the program.

(b) If the advanced nursing education program fails to meet requirements of the board or to submit required reports within a designated period of time, the program shall be removed from the list of accredited nursing education programs after it has received notice and has been given an opportunity to be heard. These proceedings shall be conducted in accordance with the provisions of K.S.A. 77-512 and amendments thereto. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000.)

60-17-110. Discontinuing an advanced registered nurse practitioner program. Each school terminating its program shall submit, for board approval, the school's plan for its currently enrolled students and for disposition of its records. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)

60-17-111. Requirements for advanced registered nurse practitioner refresher course. (a) Refresher course.

(1) Each refresher course that prepares advanced registered nurse practitioners (ARNP) who have not been actively engaged in advanced nursing practice for more than five years shall be accredited by the board.

(2) If a formal refresher course is not available, an individualized course may be designed for a nurse. Each individualized course shall be accredited by the education specialist.

(b) Each refresher course student shall meet both of the following conditions:

(1) Be licensed currently as a Kansas registered professional nurse; and

(2) have been licensed or certified as an advanced registered nurse practitioner in Kansas or another state or have completed the education required to be certified as an advanced registered nurse practitioner in Kansas.

(c) Continuing nursing education contact hours may be awarded for completion of ARNP refresher courses. A contact hour shall equal a 50-minute hour of instruction.

(d) The objectives and outcomes of the refresher course shall be stated in behavioral terms and shall describe the expected competencies of the applicant.

(e) Each instructor for an ARNP refresher

course shall be certified as an ARNP and shall show evidence of recent professional education and competency in teaching.

(f) Each provider that has been accredited by the board to offer an ARNP refresher course shall provide the following classroom and clinical experiences, based on the length of time that the student has not been actively engaged in advanced nursing practice:

(1) For students who have not engaged in advanced nursing practice for more than five years, but less than or equal to 10 years, 150 didactic hours and 350 clinical hours; and

(2) for students who have not engaged in advanced nursing practice for more than 10 years, 200 didactic hours and 500 clinical hours.

(g) The content, methods of instruction, and learning experiences shall be consistent with the objectives and outcomes of the course.

(h) Each refresher course for the categories of nurse practitioner, clinical nurse specialist, and nurse-midwife shall contain the following content:

(1) Didactic:

(A) Role alignment related to recent changes in the area of advanced nursing practice;

(B) the ethical and legal implications of advanced nursing practice;

(C) the health care delivery system;

(D) diagnostic procedures for the area of specialization; and

(E) prescribing medications for the area of specialization; and

(2) clinical:

(A) Conducting diagnostic procedures for the area of specialization;

(B) prescribing medications for the area of specialization;

(C) evaluating the physical and psychosocial health status of a client;

(D) obtaining a comprehensive health history;

(E) conducting physical examinations using basic examination techniques, diagnostic instruments, and laboratory procedures;

(F) planning, implementing, and evaluating care;

(G) consulting with clients and members of the health care team;

(H) managing the medical plan of care prescribed based on protocols or guidelines;

(I) initiating and maintaining records, documents, and other reports;

(J) developing teaching plans; and

(K) counseling individuals, families, and groups on the following issues:

(i) Health;

(ii) illness; and

(iii) the promotion of health maintenance.

(i) Each student in nurse-midwife refresher training shall also have clinical hours in the management of the expanding family throughout pregnancy, labor, delivery, postdelivery care, and gynecological care.

(j) The provider of the course shall provide official evidence of completion to each individual who successfully completes the refresher course of study. (Authorized by and implementing K.S.A. 65-1130; effective March 31, 2000; amended July 29, 2005.)